



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
WATER MANAGEMENT BUREAU



BY-PASS REPORT FORM

City or Town:

HAMPDEN

Type of By-pass

- ☒ Raw Sewage
☐ Disinfected Raw Sewage
☐ Partially Treated Sewage
☐ Disinfected Partially Treated Raw Sewage
☐ Sludge Spill
☐ Other: _____

Location of Bypass

- ☐ Treatment Plant
☐ Pump Station
☒ Manhole ☐ Lateral ☐ Basement ☒
☐ Main ☐ Private _____

Cause of By-Pass

- ☐ Weather Conditions _____
☒ Mechanical Equipment Failure
☐ Electric Utility Failure
☐ Electrical Equipment Failure
☐ Approved Shutdown
☐ Limited Capacity: _____ dry weather
_____ wet weather

Blockage of sewer line due to:

- ☐ Grease ☐ Roots ☐ Other: _____
☒ Generator Failure (Arch St)
due to Hurricane Irene

Exact Location of By-Pass:

22 Warner St - Hampden

Date and Time By-Pass was Discovered:

8/29/11

11:45 am

Date and Time By-Pass was Stopped

8/29/11

1:00 pm

By-Pass was Discovered:

Homeowner called

Quantity/Volume of By-Pass:

Unknown

How Quantity/Volume was Determined:

N/A

If Equipment Failure, date of last inspection, maintenance or repairs

8/26/11

Receiving Waters (If Applicable)

N/A

Steps taken to minimize volume and duration of By-Pass:

Hook up portable generator + restore pumping.

Action taken to eliminate By-Pass:

Reinstate power to station with portable generator

Steps taken to prevent recurrence of By-Pass:

Repair generator @ Arch St.

Was area of By-Pass cleaned of debris?

☒ Yes

☐ No

Method Used:

Pro-kleen to extract + Sanitize

Date of Last Blockage

Back up

Surcharge

at this location

BY-PASS NOTIFICATION LOG

Date/Time

Permittee shall notify DEP within 2 hours of becoming aware of the bypass and shall submit a written report within 5 days.

Date Time

CT DEP – Iliana Ayala (860) 424-3758 (Primary DEP Contact)*

* If Iliana Ayala is not available, call Municipal Facilities Section at: (860) 424-3704

CT DEP (860) 424-3704 [(860) 424-3333 after hours dispatch]

DO NOT LEAVE VOICE MAIL MESSAGES

Name of person contacted**

** Remind dispatch to notify Aquaculture if after hours/weekend

CT Aquaculture Division (203) 874 0696 *** Opt 2 M-F 8-4:30

*** Required only if by-pass is below Interstate Route 95***

*** After hours / weekends call Kristin Frank @ (203) 209-4023 or

Alissa Dragan (203) 383-0377

SPEAK TO SOMEONE / DO NOT LEAVE A MESSAGE***

Name of person contacted

8/29/11

X 1:22 pm

CT Dept. of Health (860) 509-7333(Drinking Water Section) - Monday

thru Friday 8:30 to 5PM if bypass occurred in the following towns: Bristol, Cheshire, Danbury, Goshen, Groton, **HAMDEN**, Manchester, Mansfield, Middletown, North Haven, Norwalk, Ridgefield, Shelton, Stamford, Vernon and Woodstock

Name of person contacted

8/29/11

1:30 pm

CT Dept. of Public Health (860) 509-7296 (Recreation Section)

notify Mon thru Fri 8:30-5:00 pm if bypass occurred from April 1 through September 30.

RWA-Hamden
401-2630

Name of person contacted

8/29/11

X 1:27 pm

Local Health Department or Regional Health District

Name of person contacted

8/29/11

1:33 pm

Health Director of Contiguous Towns (Costal Plants Only) or

Health Director of Town Downstream (Inland Plants)

Name of person contacted

Paul Kowalski - VM

(203) 946-8173 NH+EH
QVHD (203) 248-4528
Hamden only

1. East Shore Health
(203) 481-4233
2. West Haven Health
Eric Triffin
(203) 937-3660

Date Time

8/30 12:44

Fax to CT DEP, Iliana Ayala (860) 424-4067

8/30 12:46

Fax to CT Aquaculture (203) 783-9976 (If south of I95)

8/30 12:47

Fax to Local Health Department or Regional Health District

(203) 946-6509 fax
(203) 483-6894 fax
QVHD Wdbg+Hamden (203) 248-6671 fax

Report Submitted by:

Anthony Fiorillo

Title:

Cell Manager

Signature:

Anthony Fiorillo

Date:

8/29/11

Submit Completed Report to either by fax or by mail: State of CT, Dept of Environmental Protection, Water Bureau - Attention: Iliana Ayala, 79 Elm Street, Hartford, CT 06106-5127

2 Hours Notification Required

Final Report within 5 days



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
WATER MANAGEMENT BUREAU



BY-PASS REPORT FORM

City or Town:

HAMDEN

Type of By-pass

- ☒ Raw Sewage
☐ Disinfected Raw Sewage
☐ Partially Treated Sewage
☐ Disinfected Partially Treated Raw Sewage
☐ Sludge Spill
☐ Other: _____

Location of Bypass

- ☐ Treatment Plant
☐ Pump Station
☒ Manhole _____ Lateral _____ Basement ☒
☐ Main _____ Private _____

Cause of By-Pass

- ☐ Weather Conditions _____
☒ Mechanical Equipment Failure
☐ Electric Utility Failure
☐ Electrical Equipment Failure
☐ Approved Shutdown
☐ Limited Capacity: _____ dry weather
_____ wet weather

Blockage of sewer line due to:

- ☐ Grease ☐ Roots ☐ Other: _____
☒ Generator Failure (Arch St)
due to Hurricane Irene.

Exact Location of By-Pass:

22 Warner St - Hamden

Date and Time By-Pass was Discovered:

8/29/11

11:45 AM

Date and Time By-Pass was Stopped:

8/29/11

1:00 PM

How By-Pass was Discovered:

Homeowner called

Quantity/Volume of By-Pass:

Unknown

How Quantity/Volume was Determined:

N/A

08/30/2011 12:48 2034665287

CH2MHILL

P.001

*** BROADCAST TX REPORT ***

JOB NO.	MODE	NO.	DESTINATION TEL/ID	START TIME	PAGE	RESULT
0794	TX	ECM 001	CT DEP 918604244067	08/30 12:44	002	OK 00'36
	TX	ECM 002	CT AQUACULTURE 92037839976	08/30 12:46	002	OK 00'27
	TX	ECM 003	QUINN HEALTH DEP 92032486671	08/30 12:47	002	OK 00'27



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
WATER MANAGEMENT BUREAU



BY-PASS REPORT FORM

City or Town:

New Haven

Type of By-pass

- ☒ Raw Sewage
☐ Disinfected Raw Sewage
☐ Partially Treated Sewage
☐ Disinfected Partially Treated Raw Sewage
☐ Sludge Spill
☐ Other: _____

Location of Bypass

- ☐ Treatment Plant
☒ Pump Station
☐ Manhole _____ Lateral _____ Basement _____
☐ Main _____ Private _____

Cause of By-Pass

- ☐ Weather Conditions _____
☐ Mechanical Equipment Failure
☒ Electric Utility Failure
☐ Electrical Equipment Failure
☐ Approved Shutdown
☐ Limited Capacity: _____ dry weather
_____ wet weather

Blockage of sewer line due to:

____ Grease ____ Roots ____ Other: _____

Exact Location of By-Pass:

Long Wharf drive, New Haven

Date and Time By-Pass was Discovered:

7/21/11 8:30 AM

Date and Time By-Pass was Stopped

7/21/11 9:00 AM

How By-Pass was Discovered:

Manager discovered event

Quantity/Volume of By-Pass:

estimated 1000 gal.

How Quantity/Volume was Determined:

estimated using SCADA

If Equipment Failure, date of last inspection, maintenance or repairs

N/A

Receiving Waters (If Applicable)

New Haven Harbor

Steps taken to minimize volume and duration of By-Pass:

Ran generator

Action taken to eliminate By-Pass:

Ran portable generator @ State + Union pump station.

Steps taken to prevent recurrence of By-Pass:

Electrical utility repaired feed to station

Was area of By-Pass cleaned of debris?

Yes

☒ No

Method Used:

Date of Last Blockage _____ Back up _____ Surge at this location _____

2/5/04

BY-PASS NOTIFICATION LOG

Date/Time

Permittee shall notify DEP within 2 hours of becoming aware of the bypass and shall submit a written report within 5 days.

Date
7/21/11
Time
10:56
AM

CT DEP – Iliana Ayala (860) 424-3758 (Primary DEP Contact)*

* If Iliana Ayala is not available, call Municipal Facilities Section at: (860) 424-3704

CT DEP (860) 424-3704 [(860) 424-3333 after hours dispatch]

DO NOT LEAVE VOICE MAIL MESSAGES

Name of person contacted**

** Remind dispatch to notify Aquaculture if after hours/weekend

Date
7/21/11
Time
10:58
AM

CT Aquaculture Division (203) 874 0696 *** Opt 2 M-F 8-4:30

*** Required only if by-pass is below Interstate Route 95***

*** After hours / weekends call Kristin Frank @ (203) 209-4023 or Alissa Dragan (203) 383-0377

SPEAK TO SOMEONE / DO NOT LEAVE A MESSAGE***

Zita

Name of person contacted

N/A

CT Dept. of Health (860) 509-7333(Drinking Water Section) - Monday thru Friday 8:30 to 5PM if bypass occurred in the following towns: Bristol, Cheshire, Danbury, Goshen, Groton, HAMDEN, Manchester, Mansfield, Middletown, North Haven, Norwalk, Ridgefield, Shelton, Stamford, Vernon and Woodstock

Name of person contacted

Date
7/21/11
Time
11:05
AM

CT Dept. of Public Health (860) 509-7296 (Recreation Section) notify Mon thru Fri 8:30-5:00 pm if bypass occurred from April 1 through September 30.

Joe Mitchell

Name of person contacted

RWA-Hamden
401-2630

Date
7/21/11
Time
11:06
AM

Local Health Department or Regional Health District

PAUL KOWALSKI

Name of person contacted

(203) 946-8173 NH+EH

QVHD (203) 248-4528
Hamden only

Date
7/21/11
Time
11:07
AM

Health Director of Contiguous Towns (Costal Plants Only) or Health Director of Town Downstream (Inland Plants)

Name of person contacted

1. East Shore Health
(203) 481-4233

2. West Haven Health
Eric Triffin
(203) 937-3660

Date
7/25
Time
8:12 AM
7/25
Time
8:14 AM
7/25
Time
8:16 AM

Fax to CT DEP, Iliana Ayala (860) 424-4067

Fax to CT Aquaculture (203) 783-9976 (If south of I95)

Fax to Local Health Department or Regional Health District

(203) 946-6509 fax
(203) 483-6894 fax
QVHD Wdbg+Hamden (203) 248-6671 fax

Report Submitted by:

Anthony Fiorillo

Title:

Call Manager

Signature:

Anthony Fiorillo

Date:

7/21/11

Submit Completed Report to either by fax or by mail: State of CT, Dept of Environmental Protection, Water Bureau - Attention: Iliana Ayala, 79 Elm Street, Hartford, CT 06106-5127

2 Hours Notification Required

Final Report within 5 days

EXCLUDED 2-HR
REPORTING REQUIREMENT
TO CT DEP



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
WATER MANAGEMENT BUREAU



BY-PASS REPORT FORM

City or Town:

New Haven

Type of By-pass

- ☒ Raw Sewage
☐ Disinfected Raw Sewage
☐ Partially Treated Sewage
☐ Disinfected Partially Treated Raw Sewage
☐ Sludge Spill
☐ Other: _____

Location of Bypass

- ☐ Treatment Plant
☒ Pump Station
☐ Manhole _____ Lateral _____ Basement _____
☐ Main _____ Private _____

Cause of By-Pass

- ☐ Weather Conditions _____
☐ Mechanical Equipment Failure
☒ Electric Utility Failure
☐ Electrical Equipment Failure
☐ Approved Shutdown
☐ Limited Capacity: _____ dry weather
_____ wet weather

Blockage of sewer line due to:

_____ Grease _____ Roots _____ Other: _____

Exact Location of By-Pass:

Long Wharf drive, New Haven

Date and Time By-Pass was Discovered:

7/21/11

8:30 AM

Date and Time By-Pass was Stopped

7/21/11

9:00 AM

How By-Pass was Discovered:

Manager discovered event

Quantity/Volume of By-Pass:

estimated 1000 gal.

How Quantity/Volume was Determined:

07/25/2011 08:16 2034665287

estimated using SCADA

CH2MHILL

P.001

*** BROADCAST TX REPORT ***

JOB NO.	MODE	NO.	DESTINATION TEL/ID	START TIME	PAGE	RESULT
0608	TX	ECM 001	CT DEP 918604244067	07/25 08:12	002	OK 00'35
	TX	ECM 002	CT AQUACULTURE 92037839976	07/25 08:14	002	OK 00'27
	TX	ECM 003	QUINN HEALTH DEP 92032486671	07/25 08:15	002	OK 00'28



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
WATER MANAGEMENT BUREAU



BY-PASS REPORT FORM

City or Town:

HAMDEN

Type of By-pass

Cause of By-Pass

- ☒ Raw Sewage
☐ Disinfected Raw Sewage
☐ Partially Treated Sewage
☐ Disinfected Partially Treated Raw Sewage
☐ Sludge Spill
☐ Other: _____

- ☐ Weather Conditions _____
☐ Mechanical Equipment Failure
☐ Electric Utility Failure
☐ Electrical Equipment Failure
☐ Approved Shutdown
☐ Limited Capacity: _____ dry weather
_____ wet weather

Location of Bypass

Blockage of sewer line due to:

- ☐ Treatment Plant
☐ Pump Station
☐ Manhole _____ Lateral _____ Basement ☒
☐ Main _____ Private _____

☐ Grease ☐ Roots ☒ Other: UNKNOWN (Homeowner problem)

Exact Location of By-Pass:

90 ELMER AVE

Date and Time By-Pass was Discovered:

5/5/11

2:15 pm

Date and Time By-Pass was Stopped

5/5/11

3:00 pm

How By-Pass was Discovered:

HOMEOWNER CALLED IT IN.

Quantity/Volume of By-Pass:

LESS THAN 20 GALLONS

How Quantity/Volume was Determined:

HOMEOWNER ESTIMATE

If Equipment Failure, date of last inspection, maintenance or repairs

Receiving Waters (If Applicable)

N/A

Steps taken to minimize volume and duration of By-Pass:

JET SANITARY SEWER

Action taken to eliminate By-Pass:

JET SANITARY SEWER

Steps taken to prevent recurrence of By-Pass:

PM JETTING of SANITARY SEWER

Was area of By-Pass cleaned of debris?

☒ Yes

☐ No

Method Used:

PRO KLEAN

Date of Last Blockage

Back up

Surcharge

at this location

BY-PASS NOTIFICATION LOG

Date/Time

Permittee shall notify DEP within 2 hours of becoming aware of the bypass and shall submit a written report within 5 days.

Date Time

CT DEP - Iliana Ayala (860) 424-3758 (Primary DEP Contact)*

* If Iliana Ayala is not available, call Municipal Facilities Section at: (860) 424-3704

CT DEP (860) 424-3704 [(860) 424-3333 after hours dispatch]

DO NOT LEAVE VOICE MAIL MESSAGES

Name of person contacted**

** Remind dispatch to notify Aquaculture if after hours/weekend

N/A

CT Aquaculture Division (203) 874 0696 *** Opt 2 M-F 8-4:30

*** Required only if by-pass is below Interstate Route 95***

*** After hours / weekends call Kristin Frank @ (203) 209-4023 or Alissa Dragan (203) 383-0377

SPEAK TO SOMEONE / DO NOT LEAVE A MESSAGE***

Name of person contacted

5/5/11 3:23 pm

CT Dept. of Health (860) 509-7333 (Drinking Water Section) - Monday

thru Friday 8:30 to 5PM if bypass occurred in the following towns: Bristol, Cheshire, Danbury, Goshen, Groton, HAMDEN, Manchester, Mansfield, Middletown, North Haven, Norwalk, Ridgefield, Shelton, Stamford, Vernon and Woodstock

HAZRA RAJBALI

Name of person contacted

5/5/11 3:28 pm

CT Dept. of Public Health (860) 509-7296 (Recreation Section)

notify Mon thru Fri 8:30-5:00 pm if bypass occurred from April 1 through September 30.

JOSEPH MITCHELL

Name of person contacted

5/5/11 3:30 pm

Local Health Department or Regional Health District

QVHD - Mioden

Name of person contacted

5/5/11 3:32 pm

Health Director of Contiguous Towns (Costal Plants Only) or

5/5/11 3:34 pm

Health Director of Town Downstream (Inland Plants)

RITA ALEX

Name of person contacted

CARLA

Date Time

Fax to CT DEP, Iliana Ayala (860) 424-4067

Fax to CT Aquaculture (203) 783-9976 (If south of I95)

Fax to Local Health Department or Regional Health District

(203) 946-6509 fax

(203) 483-6894 fax

QVHD Wdbg+Hamden (203) 248-6671 fax

Report Submitted by:

Anthony Fiorino

Title:

Coll. Manager

Signature:

Anthony Fiorino

Date:

5-6-11

No call to DEEP W/M 2 hrs

5/5/11

3:35 pm

GRACE

RWA-Hamden

401-2630

(203) 946-8173 NH+EH

QVHD (203) 248-4528

Hamden only

1. East Shore Health

(203) 481-4233

2. West Haven Health

Eric Triffin

(203) 937-3660

2 Hours Notification Required

Final Report within 5 days

Submit Completed Report to either by fax or by mail: State of CT, Dept of Environmental Protection, Water Bureau - Attention: Iliana Ayala, 79 Elm Street, Hartford, CT 06106-5127



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
WATER MANAGEMENT BUREAU



BY-PASS REPORT FORM

City or Town: HAMDEN

Type of By-pass

- ☒ Raw Sewage
☐ Disinfected Raw Sewage
☐ Partially Treated Sewage
☐ Disinfected Partially Treated Raw Sewage
☐ Sludge Spill
☐ Other: _____

Location of Bypass

- ☐ Treatment Plant
☐ Pump Station
☐ Manhole _____ Lateral _____ Basement ☒
☐ Main _____ Private _____

Cause of By-Pass

- ☐ Weather Conditions _____
☐ Mechanical Equipment Failure
☐ Electric Utility Failure
☐ Electrical Equipment Failure
☐ Approved Shutdown
☐ Limited Capacity: _____ dry weather
_____ wet weather

Blockage of sewer line due to:

- ☐ Grease ☒ Roots _____ Other: _____

Exact Location of By-Pass: 45 FOURTH ST HAMDEN

Date and Time By-Pass was Discovered: 3/27/11 9:10 pm

Date and Time By-Pass was Stopped: 3/27/11 9:45 pm

How By-Pass was Discovered: HOMEOWNER CALLED IT IN

Quantity/Volume of By-Pass: LESS THAN 100 GALLONS

How Quantity/Volume was Determined: FIELD ESTIMATE BY CREW
 $.25' (.0208') \times 24 \times 24 \times 7.48 = 89.6 \text{ gal.}$

If Equipment Failure, date of last inspection, maintenance or repairs: N/A

Receiving Waters (If Applicable): N/A

Steps taken to minimize volume and duration of By-Pass: JET SANITARY SEWER

Action taken to eliminate By-Pass: JET SANITARY SEWER

Steps taken to prevent recurrence of By-Pass: PM JETTING OF SANITARY SEWER

area of By-Pass cleaned of debris? ☒ Yes ☐ No

Method Used: PRO KLEAN

Date of Last Blockage _____ Back up _____ Surcharge _____ at this location _____

BY-PASS NOTIFICATION LOG

Date/Time

Permittee shall notify DEP within 2 hours of becoming aware of the bypass and shall submit a written report within 5 days.

Date

Time

CT DEP – Iliana Ayala (860) 424-3758 (Primary DEP Contact)*

* If Iliana Ayala is not available, call Municipal Facilities Section at: (860) 424-3704

CT DEP (860) 424-3704 [(860) 424-3333 after hours dispatch]

DO NOT LEAVE VOICE MAIL MESSAGES

Name of person contacted**

** Remind dispatch to notify Aquaculture if after hours/weekend

N/A

CT Aquaculture Division (203) 874 0696 *** Opt 2 M-F 8-4:30

*** Required only if by-pass is below Interstate Route 95***

*** After hours / weekends call Kristin Frank @ (203) 209-4023 or

Alissa Dragan (203) 383-0377

SPEAK TO SOMEONE / DO NOT LEAVE A MESSAGE***

Name of person contacted

3/28/11 8:45 AM

CT Dept. of Health (860) 509-7333(Drinking Water Section) - Monday thru Friday 8:30 to 5PM if bypass occurred in the following towns: Bristol, Cheshire, Danbury, Goshen, Groton, **HAMDEN**, Manchester, Mansfield, Middletown, North Haven, Norwalk, Ridgefield, Shelton, Stamford, Vernon and Woodstock

LAVERNE

Name of person contacted

CT Dept. of Public Health (860)509-7296 (Recreation Section) notify Mon thru Fri 8:30-5:00 pm if bypass occurred from April 1 through September 30.

Name of person contacted

3/27/11 10:10 PM

Local Health Department or Regional Health District

QVHD - MESSAGE

Name of person contacted

(203) 946-8173 NH+EH

4 QVHD (203) 248-4528 Hamden only

3/27/11 10:12 PM

Health Director of Contiguous Towns (Costal Plants Only) or

1. East Shore Health

3/27/11 10:14 PM

Health Director of Town Downstream (Inland Plants)

(203) 481-4233

1 **GENERAL MAIL BOX MESSAGE**

Name of person contacted

2. West Haven Health

2 **MAURICE LEWIS - MESSAGE**

Eric Triffin

(203) 937-3660

Date

Time

3-28

1:57 PM

Fax to CT DEP, Iliana Ayala (860) 424-4067

3-28

1:58 PM

Fax to CT Aquaculture (203) 783-9976 (If south of I95)

3-28

1:59 PM

Fax to Local Health Department or Regional Health District

(203) 946-6509 fax

(203) 483-6894 fax

QVHD Wdbg+Hamden (203) 248-6671 fax

Report Submitted by:

Anthony Fiorino

Title:

Collections Mgr

Signature:

A Fiorino

Date:

3-28-11

Submit Completed Report to either by fax or by mail: State of CT, Dept of Environmental Protection, Water Bureau - Attention: Iliana Ayala, 79 Elm Street, Hartford, CT 06106-5127

2 Hours Notification Required

Final Report within 5 days

No call to DEEP w/ in 2 hrs

3/27/11 10:16 PM Mary RWA-Hamden 401-2630



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
WATER MANAGEMENT BUREAU



BY-PASS REPORT FORM

City or Town:

EAST HAVEN

Type of By-pass

Cause of By-Pass

- ☒ Raw Sewage
☐ Disinfected Raw Sewage
☐ Partially Treated Sewage
☐ Disinfected Partially Treated Raw Sewage
☐ Sludge Spill
☐ Other: _____

- ☐ Weather Conditions
☐ Mechanical Equipment Failure
☐ Electric Utility Failure
☐ Electrical Equipment Failure
☐ Approved Shutdown
☐ Limited Capacity: _____ dry weather
_____ wet weather

Location of Bypass

Blockage of sewer line due to:

☒ Grease _____ Roots _____ Other: _____

☐ Treatment Plant

☐ Pump Station

☒ Manhole _____ Lateral _____ Basement _____

☐ Main _____ Private _____

Exact Location of By-Pass:

22 VISTA DR EAST HAVEN

Date and Time By-Pass was Discovered:

12/2/13

6:20 PM

Date and Time By-Pass was Stopped

12/2/13

6:50 PM

By-Pass was Discovered:

EAST HAVEN POLICE CALLED IT IN

Quantity/Volume of By-Pass:

100 GALLONS

How Quantity/Volume was Determined:

FIELD ESTIMATE BY CREW

If Equipment Failure, date of last inspection, maintenance or repairs

N/A

Receiving Waters (If Applicable)

N/A

Steps taken to minimize volume and duration of By-Pass:

JET SANITARY SEWER

Action taken to eliminate By-Pass:

JET SANITARY SEWER

Steps taken to prevent recurrence of By-Pass:

PM JETTING OF SANITARY SEWER

Was area of By-Pass cleaned of debris?

☒

Yes

☐ No

Method Used:

CREW WASHED DOWN THE ROAD - NO DEBRIS TO COLLECT.

Date of Last Blockage _____ Back up _____ Surcharge _____ at this location _____

BY-PASS NOTIFICATION LOG

2 Hours Notification Required

Date/Time

Permittee shall notify DEP within 2 hours of becoming aware of the bypass and shall submit a written report within 5 days.

Date Time

N/A

CT DEP - Iliana Ayala (860) 424-3758 (Primary DEP Contact)*

* If Iliana Ayala is not available, call Municipal Facilities Section at: (860) 424-3704

12/2/13 6:58 PM

CT DEP (860) 424-3704 [(860) 424-3333 after hours dispatch]

DO NOT LEAVE VOICE MAIL MESSAGES

203

Name of person contacted**

** Remind dispatch to notify Aquaculture if after hours/weekend

12/2/13 7:01 PM

CT Aquaculture Division (203) 874 0696 *** Opt 2 M-F 8-4:30

*** Required only if by-pass is below Interstate Route 95***

*** After hours / weekends call Kristin Frank @ (203) 209-4023 or Alissa Dragan (203) 383-0377

SPEAK TO SOMEONE / DO NOT LEAVE A MESSAGE***

KRISTIN

Name of person contacted

N/A

CT Dept. of Health (860) 509-7333 (Drinking Water Section) - Monday thru Friday 8:30 to 5PM if bypass occurred in the following towns: Bristol, Cheshire, Danbury, Goshen, Groton, HAMDEN, Manchester, Mansfield, Middletown, North Haven, Norwalk, Ridgefield, Shelton, Stamford, Vernon and Woodstock

Name of person contacted

N/A

CT Dept. of Public Health (860) 509-7296 (Recreation Section) notify Mon thru Fri 8:30-5:00 pm if bypass occurred from April 1 through September 30.

Name of person contacted

N/A

RWA-Hamden
401-2630

12/2/13 7:03 PM

Local Health Department or Regional Health District

Paul Kowalski - MESSAGE

Name of person contacted

(203) 946-8173 NH+EH

QVHD (203) 248-4528

Hamden only

Final Report within 5 days

① ②

12/2/13 7:04 PM

Health Director of Contiguous Towns (Costal Plants Only) or

12/2/13 7:07 PM

Health Director of Town Downstream (Inland Plants)

① GENERAL MAIL BOX MESSAGE

Name of person contacted

② MAUREEN LEWIS - MESSAGE

1. East Shore Health

(203) 481-4233

2. West Haven Health

Eric Triffin

(203) 937-3660

Date Time

Fax to CT DEP, Iliana Ayala (860) 424-4067

Fax to CT Aquaculture (203) 783-9976 (If south of I95)

Fax to Local Health Department or Regional Health District

(203) 946-6509 fax

(203) 483-6894 fax

QVHD Wdbg+Hamden (203) 248-6671 fax

Report Submitted by:

Anthony Fiorillo

Title:

Coll. Manager

Signature:

A. Fiorillo

Date:

12/3/13

Submit Completed Report to either by fax or by mail: State of CT, Dept of Environmental Protection, Water Bureau - Attention: Iliana Ayala, 79 Elm Street, Hartford, CT 06106-5127



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
WATER MANAGEMENT BUREAU



BY-PASS REPORT FORM

City or Town:

EAST HAVEN

Type of By-pass

- ☒ Raw Sewage
☐ Disinfected Raw Sewage
☐ Partially Treated Sewage
☐ Disinfected Partially Treated Raw Sewage
☐ Sludge Spill
☐ Other: _____

Location of Bypass

- ☐ Treatment Plant
☐ Pump Station
☒ Manhole _____ Lateral _____ Basement _____
☐ Main _____ Private _____

Cause of By-Pass

- ☐ Weather Conditions
☐ Mechanical Equipment Failure
☐ Electric Utility Failure
☐ Electrical Equipment Failure
☐ Approved Shutdown
☐ Limited Capacity: _____ dry weather
_____ wet weather

Blockage of sewer line due to:

- ☒ Grease _____ Roots _____ Other: _____

Exact Location of By-Pass:

22 VISTA DR. EAST HAVEN

Date and Time By-Pass was Discovered:

12/2/13

6:20 PM

Date and Time By-Pass was Stopped:

12/2/13

6:56 PM

How By-Pass was Discovered:

EAST HAVEN POLICE CALLED IT IN

Quantity/Volume of By-Pass:

100 GALLONS

How Quantity/Volume was Determined:

FIELD ESTIMATE BY CREW

12/04/2013 12:33 2034665287

CH2MHILL

P.001

*** BROADCAST TX REPORT ***

JOB NO.	MODE	NO.	DESTINATION TEL/ID	START TIME	PAGE	RESULT
4416	TX	ECM 001	CT AQUACULTURE 92037839976	12/04 12:30	002	OK 00'27
	TX	ECM 002	CT DEP 918604244067	12/04 12:31	002	OK 00'29
	TX	ECM 003	EASTHAVENHEALTHDEPT 92034836894	12/04 12:33	002	OK 00'29



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
WATER MANAGEMENT BUREAU



BY-PASS REPORT FORM

City or Town:

EAST HAVEN

Type of By-pass

- ☒ Raw Sewage
☐ Disinfected Raw Sewage
☐ Partially Treated Sewage
☐ Disinfected Partially Treated Raw Sewage
☐ Sludge Spill
☐ Other: _____

Location of Bypass

- ☐ Treatment Plant
☐ Pump Station
☒ Manhole _____ Lateral _____ Basement _____
☐ Main _____ Private _____

Cause of By-Pass

- ☐ Weather Conditions _____
☐ Mechanical Equipment Failure
☐ Electric Utility Failure
☐ Electrical Equipment Failure
☐ Approved Shutdown
☐ Limited Capacity: _____ dry weather
_____ wet weather

Blockage of sewer line due to:

- ☒ Grease _____ Roots _____ Other: _____

Exact Location of By-Pass:

22 VISTA DR EAST HAVEN

Date and Time By-Pass was Discovered:

12/2/13

6:20 PM

Date and Time By-Pass was Stopped

12/2/13

6:50 PM

By-Pass was Discovered:

EAST HAVEN POLICE CALLED IT IN

HOW
WAS
VOLUME
ESTIMATED

Quantity/Volume of By-Pass:

100 GALLONS

How Quantity/Volume was Determined:

FIELD ESTIMATE BY CREW

If Equipment Failure, date of last inspection, maintenance or repairs

N/A

Receiving Waters (If Applicable)

N/A

Steps taken to minimize volume and duration of By-Pass:

JET SANITARY SEWER

Action taken to eliminate By-Pass:

JET SANITARY SEWER

Steps taken to prevent recurrence of By-Pass:

PM JETTING OF SANITARY SEWER

Was area of By-Pass cleaned of debris?

☒

Yes

☐ No

Method Used:

CREW WASHED DOWN THE ROAD - NO DEBRIS TO COLLECT.

Date of Last Blockage

Back up

Surcharge

at this location

BY-PASS NOTIFICATION LOG

Date/Time

Permittee shall notify DEP within 2 hours of becoming aware of the bypass and shall submit a written report within 5 days.

Date Time

N/A

CT DEP - Iliana Ayala (860) 424-3758 (Primary DEP Contact)*

* If Iliana Ayala is not available, call Municipal Facilities Section at: (860) 424-3704

12/2/13

6:58 PM

CT DEP (860) 424-3704 [(860) 424-3333 after hours dispatch]

DO NOT LEAVE VOICE MAIL MESSAGES

203

Name of person contacted**

** Remind dispatch to notify Aquaculture if after hours/weekend

12/2/13

7:01 PM

CT Aquaculture Division (203) 874 0696 *** Opt 2 M-F 8-4:30

*** Required only if by-pass is below Interstate Route 95***

*** After hours / weekends call Kristin Frank @ (203) 209-4023 or

Alissa Dragan (203) 383-0377

SPEAK TO SOMEONE / DO NOT LEAVE A MESSAGE***

KRISTIN

Name of person contacted

N/A

CT Dept. of Health (860) 509-7333 (Drinking Water Section) - Monday thru Friday 8:30 to 5PM if bypass occurred in the following towns: Bristol, Cheshire, Danbury, Goshen, Groton, HAMDEN, Manchester, Mansfield, Middletown, North Haven, Norwalk, Ridgefield, Shelton, Stamford, Vernon and Woodstock

Name of person contacted

N/A

CT Dept. of Public Health (860) 509-7296 (Recreation Section) notify Mon thru Fri 8:30-5:00 pm if bypass occurred from April 1 through September 30.

Name of person contacted

N/A

RWA-Hamden
401-2630

12/2/13

7:03 PM

Local Health Department or Regional Health District

Paul Kowalski - MESSAGE

Name of person contacted

(203) 946-8173 NH+EH

QVHD (203) 248-4528

Hamden only

12/2/13

7:04 PM

Health Director of Contiguous Towns (Costal Plants Only) or

12/2/13

7:07 PM

Health Director of Town Downstream (Inland Plants)

① GENERAL MAIL BOX MESSAGE

Name of person contacted

② MAUREEN LEWIS - MESSAGE

1. East Shore Health

(203) 481-4233

2. West Haven Health

Eric Triffin

(203) 937-3660

Date

Time

Fax to CT DEP, Iliana Ayala (860) 424-4067

Fax to CT Aquaculture (203) 783-9976 (If south of I95)

Fax to Local Health Department or Regional Health District

(203) 946-6509 fax

(203) 483-6894 fax

QVHD Wdbg+Hamden (203) 248-6671 fax

Report Submitted by:

Anthony Fiorillo

Title:

Coll. Manager

Signature:

A Fiorillo

Date:

12/3/13

Submit Completed Report to either by fax or by mail: State of CT, Dept of Environmental Protection, Water Bureau - Attention: Iliana Ayala, 79 Elm Street, Hartford, CT 06106-5127

2 Hours Notification Required

Final Report within 5 days



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
WATER MANAGEMENT BUREAU



BY-PASS REPORT FORM

City or Town:

HAMDEN

Type of By-pass

Cause of By-Pass

- ☒ Raw Sewage
☐ Disinfected Raw Sewage
☐ Partially Treated Sewage
☐ Disinfected Partially Treated Raw Sewage
☐ Sludge Spill
☐ Other: _____

- ☐ Weather Conditions
☐ Mechanical Equipment Failure
☐ Electric Utility Failure
☐ Electrical Equipment Failure
☐ Approved Shutdown
☐ Limited Capacity: _____ dry weather
_____ wet weather

Location of Bypass

Blockage of sewer line due to:

☒ Grease ☒ Roots _____ Other: _____

☐ Treatment Plant

☐ Pump Station

☒ Manhole _____ Lateral _____ Basement _____

☐ Main _____ Private _____

Exact Location of By-Pass:

96 STANLEY RD HAMDEN

Date and Time By-Pass was Discovered:

4/15/13

7:15 PM

Date and Time By-Pass was Stopped

4/15/13

7:40 PM

How By-Pass was Discovered:

HAMDEN PD CALLED IT IN

Quantity/Volume of By-Pass:

LESS THAN 50 GALLONS TO ROAD SURFACE

How Quantity/Volume was Determined:

FIELD ESTIMATE BY CREW

If Equipment Failure, date of last inspection, maintenance or repairs

Receiving Waters (If Applicable)

BELDEN BROOK

Steps taken to minimize volume and duration of By-Pass:

JET SANITARY SEWER

Action taken to eliminate By-Pass:

JET SANITARY SEWER

Steps taken to prevent recurrence of By-Pass:

PM JETTING OF SANITARY SEWER

Is area of By-Pass cleaned of debris?

☒ Yes

☐ No

Method Used:

NO DEBRIS ON ROAD, CREW WASHED DOWN AREA. CS IN AREA DRAINING TO BELDEN BROOK.

Date of Last Blockage

Back up

Surcharge

at this location

BY-PASS NOTIFICATION LOG

Date/Time

Permittee shall notify DEP within 2 hours of becoming aware of the bypass and shall submit a written report within 5 days.

Date Time

CT DEP – Iliana Ayala (860) 424-3758 (Primary DEP Contact)*

* If Iliana Ayala is not available, call Municipal Facilities Section at:
(860) 424-3704

4/15/13 8:07 PM

CT DEP (860) 424-3704 [(860) 424-3333 after hours dispatch]

DO NOT LEAVE VOICE MAIL MESSAGES

212

Name of person contacted**

** Remind dispatch to notify Aquaculture if after hours/weekend

N/A

CT Aquaculture Division (203) 874 0696 *** Opt 2 M-F 8-4:30

*** Required only if by-pass is below Interstate Route 95***

*** After hours / weekends call Kristin Frank @ (203) 209-4023 or
Alissa Dragan (203) 383-0377

SPEAK TO SOMEONE / DO NOT LEAVE A MESSAGE***

Name of person contacted

* 4/16/13 11:05 AM

CT Dept. of Health (860) 509-7333(Drinking Water Section) - Monday

thru Friday 8:30 to 5PM if bypass occurred in the following towns: Bristol, Cheshire,
Danbury, Goshen, Groton, HAMDEN, Manchester, Mansfield, Middletown, North Haven,
Norwalk, Ridgefield, Shelton, Stamford, Vernon and Woodstock

LAVERN

Name of person contacted

* 4/16/13 11:08 AM

CT Dept. of Public Health (860) 509-7296 (Recreation Section)
notify Mon thru Fri 8:30-5:00 pm if bypass occurred from April 1
through September 30.

JOSEPH MITCHELL

Name of person contacted

4/15/13 8:11 PM

Local Health Department or Regional Health District

QVHD - MESSAGE

Name of person contacted

① 4/15/13 8:14 PM

Health Director of Contiguous Towns (Costal Plants Only) or

② 4/15/13 8:16 PM

Health Director of Town Downstream (Inland Plants)

① GENERAL MAIL BOX MESSAGE
② MAURICE LEWIS - MESSAGE

Name of person contacted

Date Time

4-18-13 0738

Fax to CT DEP, Iliana Ayala (860) 424-4067

4-18-13 0740

Fax to CT Aquaculture (203) 783-9976 (If south of I95)

4-18-13 0741

Fax to Local Health Department or Regional Health District

(203) 946-6509 fax

(203) 483-6894 fax

QVHD Wdbg+Hamden (203) 248-6671 fax

Report Submitted by:

A. Fiorillo

Title:

Call Manager

Signature:

A. Fiorillo

Date:

4-18-13

2 Hours Notification Required

Final Report within 5 days

4/15/13 8:19 PM
Mike
RWA-Hamden
401-2630

(203) 946-8173 NH+EH

QVHD (203) 248-4528

Hamden only

1. East Shore Health

(203) 481-4233

2. West Haven Health

Eric Triffin

(203) 937-3660

Submit Completed Report to either by fax or by mail: State of CT, Dept of Environmental Protection, Water
Bureau - Attention: Iliana Ayala, 79 Elm Street, Hartford, CT 06106-5127



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
WATER MANAGEMENT BUREAU



BY-PASS REPORT FORM

City or Town:

HAMDEN

Type of By-pass

- ☒ Raw Sewage
☐ Disinfected Raw Sewage
☐ Partially Treated Sewage
☐ Disinfected Partially Treated Raw Sewage
☐ Sludge Spill
☐ Other: _____

Location of Bypass

- ☐ Treatment Plant
☐ Pump Station
☒ Manhole ☐ Lateral ☐ Basement
☐ Main ☐ Private

Cause of By-Pass

- ☐ Weather Conditions
☐ Mechanical Equipment Failure
☐ Electric Utility Failure
☐ Electrical Equipment Failure
☐ Approved Shutdown
☐ Limited Capacity: ☐ dry weather ☐ wet weather

Blockage of sewer line due to:

- ☒ Grease ☒ Roots ☐ Other: _____

Exact Location of By-Pass:

96 STANLEY RD HAMDEN

Date and Time By-Pass was Discovered:

4/15/13

7:15 Pm

How and Time By-Pass was Stopped

4/15/13

7:40 Pm

How By-Pass was Discovered:

HAMDEN PD CALLED IT IN

Quantity/Volume of By-Pass:

LESS THAN 50 GALLONS TO ROAD SURFACE

How Quantity/Volume was Determined:

FIELD ESTIMATE BY CREW

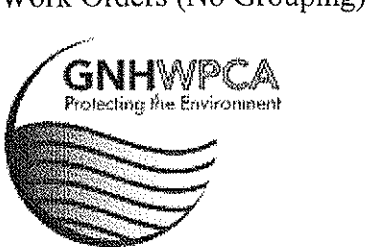
04/18/2013 07:42 2034665287

CH2MHILL

P.001

*** BROADCAST TX REPORT ***

JOB NO.	MODE	NO.	DESTINATION TEL/ID	START TIME	PAGE	RESULT
3600	TX	ECM 001	CT DEP 918604244067	04/18 07:38	002	OK 00'31
	TX	ECM 002	CT AQUACULTURE 92037839976	04/18 07:40	002	OK 00'28
	TX	ECM 003	QUINN HEALTH DEP 92032486671	04/18 07:41	002	OK 00'38



Maintenance Details

Requested By: KEN MYERS on 7/4/2011
5:58:00 AMProblem: Sewage out of MH
(SEWAGE_MH)Procedure: Backup Response
(BACKUP_RESPONSE)Reason: Sewage out of MH SEWER COMMING THOUGH MAN HOLE
BOUND LANE ON DIXWELL AVE NEAR SCHOOL K.M☐ Warranty ☐ Shutdown ☐ Lockout ☐ Attach ☐ ChargeT: *8:10 AM*
P: *Requested work order
arrived
Discovered 9:30 AM
Check call log
for time compliance
w/contract (C.M.)*
Supervisor: Nasse, Rich
Shop: OMIHamden
HDCUSTOM
2572 DIXWELL AVE (HDCUSTOM-
013251)EN MYERS
(03) 466-5260*Response
time > 1hr*

Tasks

#	Description	Initials	Failed	Complete
FOLLOW TRAFFIC CONTROL PROCEDURES				
10	Arrive at location. Follow safety procedures!	RN	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20	Check main line in street to verify if flowing.	RN	<input type="checkbox"/>	<input checked="" type="checkbox"/>
FOLLOW CORRECT MANHOLE LIFTING PROCEDURE				
30	Jet line, opening up and downstream manhole covers.	RN	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	If available, notify homeowner/business owner of the current conditions.	RN	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Record all information on work order and report back to supervisor.	RN	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	HSL05P0275 [HSL05P0275] HSL05P0275	RN	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Labor

Labor	Account	Work Date	Start	End	Reg Hrs	OT Hrs	Other Hrs
Nasse, Rich	01.1400.000.5015	7/6/2011			4	0	0

Labor Report

Completed: 7/4/2011 10:44:00 AM
Failure: GREASEBLK / Grease Blockage

Report: CREW CHECKED THE CITY LINE, CITY LINE WAS BACKED UP. THE CREW JETTED THE LINE AND RESTORED FLOW. THE CREW ESTIMATED THAT LESS THAN 5 GALLONS HAD SPILLED ONTO THE PAVEMENT. THE CREW USED THE COMBO TRUCK TO VAC UP THE WATER AND WASHED DOWN THE EFFECTED AREA.



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
WATER MANAGEMENT BUREAU



BY-PASS REPORT FORM

City or Town:

HAMDEN

Type of By-pass

- ☒ Raw Sewage
☐ Disinfected Raw Sewage
☐ Partially Treated Sewage
☐ Disinfected Partially Treated Raw Sewage
☐ Sludge Spill
☐ Other: _____

Location of Bypass

- ☐ Treatment Plant
☐ Pump Station
☒ Manhole _____ Lateral _____ Basement _____
☐ Main _____ Private _____

Cause of By-Pass

- ☐ Weather Conditions _____
☐ Mechanical Equipment Failure
☐ Electric Utility Failure
☐ Electrical Equipment Failure
☐ Approved Shutdown
☐ Limited Capacity: _____ dry weather
_____ wet weather

Blockage of sewer line due to:

- ☒ Grease _____ Roots _____ Other: _____

Exact Location of By-Pass:

IN FRONT OF 2565 DIXWELL AVE - HAMDEN HIGH
MIDDLE SCHOOL

Date and Time By-Pass was Discovered:

7/4/11 9:30 AM

Date and Time By-Pass was Stopped

7/4/11 10:15 AM

How By-Pass was Discovered:

RESIDENT CALLED IT IN

Quantity/Volume of By-Pass:

LESS THAN 5 GALLONS

How Quantity/Volume was Determined:

FIELD ESTIMATE BY CREW

If Equipment Failure, date of last inspection, maintenance or repairs

N/A

Receiving Waters (If Applicable)

N/A

Steps taken to minimize volume and duration of By-Pass:

JET SANITARY SEWER

Action taken to eliminate By-Pass:

JET SANITARY SEWER

Steps taken to prevent recurrence of By-Pass:

PM JETTING OF SANITARY SEWER

Area of By-Pass cleaned of debris?

☒ Yes ☐ No

Method Used:

CREW WASHED & VAC'ED AROUND MH.

Date of Last Blockage _____ Back up _____ Surcharge _____ at this location _____

BY-PASS NOTIFICATION LOG

Date/Time

Permittee shall notify DEP within 2 hours of becoming aware of the bypass and shall submit a written report within 5 days.

Date Time

CT DEP - Iliana Ayala (860) 424-3758 (Primary DEP Contact)*

* If Iliana Ayala is not available, call Municipal Facilities Section at:
(860) 424-3704

7/4/11 10:21 AM

CT DEP (860) 424-3704 [(860) 424-3333 after hours dispatch]

DO NOT LEAVE VOICE MAIL MESSAGES

208

Name of person contacted**

** Remind dispatch to notify Aquaculture if after hours/weekend

N/A

CT Aquaculture Division (203) 874 0696 *** Opt 2 M-F 8-4:30

*** Required only if by-pass is below Interstate Route 95***

*** After hours / weekends call Kristin Frank @ (203) 209-4023 or
Alissa Dragan (203) 383-0377

SPEAK TO SOMEONE / DO NOT LEAVE A MESSAGE***

Name of person contacted

7/5/11 9:48 AM

CT Dept. of Health (860) 509-7333 (Drinking Water Section) - Monday
thru Friday 8:30 to 5PM if bypass occurred in the following towns: Bristol, Cheshire,
Danbury, Goshen, Groton, **HAMDEN**, Manchester, Mansfield, Middletown, North Haven,
Norwalk, Ridgefield, Shelton, Stamford, Vernon and Woodstock

LAVERN

Name of person contacted

7/5 9:56 AM

GRACE

RWA-Hamden
401-2630

7/5/11 9:51 AM

CT Dept. of Public Health (860) 509-7296 (Recreation Section)
notify Mon thru Fri 8:30-5:00 pm if bypass occurred from April 1
through September 30.

JOSEPH MITCHELL

Name of person contacted

7/4/11 10:25 AM

Local Health Department or Regional Health District

QVHD - MESSAGE

Name of person contacted

(203) 946-8173 NH+EH

* QVHD (203) 248-4528

Hamden only

7/4/11 10:27 AM

Health Director of Contiguous Towns (Costal Plants Only) or

7/4/11 10:30 AM

Health Director of Town Downstream (Inland Plants)

① GENERAL MAIL BOX MESSAGE

Name of person contacted

② MAUREEN LEWIS - MESSAGE

1. East Shore Health

(203) 481-4233

2. West Haven Health

Eric Triffin

(203) 937-3660

Date Time

7/6/11 8:56

Fax to CT DEP, Iliana Ayala (860) 424-4067

7/6/11 8:57

Fax to CT Aquaculture (203) 783-9976 (If south of I95)

7/6/11 8:59

Fax to Local Health Department or Regional Health District

(203) 946-6509 fax

(203) 483-6894 fax

QVHD Wdbg+Hamden (203) 248-6671 fax

Report Submitted by:

Anthony Fiorillo

Title:

Call Manager

Signature:

Anthony Fiorillo

Date:

7-6-11

Submit Completed Report to either by fax or by mail: State of CT, Dept of Environmental Protection, Water Bureau - Attention: Iliana Ayala, 79 Elm Street, Hartford, CT 06106-5127

Hours Notification Required

Final Report within 5 days



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
WATER MANAGEMENT BUREAU



BY-PASS REPORT FORM

City or Town:

HAMDEN

Type of By-pass

- ☒ Raw Sewage
☐ Disinfected Raw Sewage
☐ Partially Treated Sewage
☐ Disinfected Partially Treated Raw Sewage
☐ Sludge Spill
☐ Other: _____

Location of Bypass

- ☐ Treatment Plant
☐ Pump Station
☒ Manhole _____ Lateral _____ Basement _____
☐ Main _____ Private _____

Cause of By-Pass

- ☐ Weather Conditions _____
☐ Mechanical Equipment Failure
☐ Electric Utility Failure
☐ Electrical Equipment Failure
☐ Approved Shutdown
☐ Limited Capacity: _____ dry weather
_____ wet weather

Blockage of sewer line due to:

- ☒ Grease _____ Roots _____ Other: _____

Exact Location of By-Pass:

IN FRONT of 2565 DIXWELL AVE - ~~HAMDEN HIGH~~ MIDDLE SCHOOL

Date and Time By-Pass was Discovered:

7/4/11

9:30 AM

Date and Time By-Pass was Stopped:

7/4/11

10:15 AM

How By-Pass was Discovered:

RESIDENT CALLED IT IN

Quantity/Volume of By-Pass:

LESS THAN 5 GALLONS

07/06/2011 08:59 2034665287

CH2MHILL

P.001

*** BROADCAST TX REPORT ***

JOB NO.	MODE	NO.	DESTINATION TEL/ID	START TIME	PAGE	RESULT
0497	TX	ECM 001	CT DEP 918604244067	07/06 08:56	002	OK 00'32
	TX	ECM 002	CT AQUACULTURE 92037839976	07/06 08:57	002	OK 00'27
	TX	ECM 003	QUINN HEALTH DEP 92032486671	07/06 08:59	002	OK 00'28



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
WATER MANAGEMENT BUREAU



BY-PASS REPORT FORM

City or Town:

EAST HAVEN

Type of By-pass

- ☒ Raw Sewage
☐ Disinfected Raw Sewage
☐ Partially Treated Sewage
☐ Disinfected Partially Treated Raw Sewage
☐ Sludge Spill
☐ Other: _____

Location of Bypass

- ☐ Treatment Plant
☐ Pump Station
☒ Manhole _____ Lateral _____ Basement _____
☐ Main _____ Private _____

Cause of By-Pass

- ☐ Weather Conditions
☐ Mechanical Equipment Failure
☐ Electric Utility Failure
☐ Electrical Equipment Failure
☐ Approved Shutdown
☐ Limited Capacity: _____ dry weather
_____ wet weather

Blockage of sewer line due to:

- ☒ Grease _____ Roots _____ Other: _____

Exact Location of By-Pass:

22 VISTA DR EAST HAVEN

Date and Time By-Pass was Discovered:

12/2/13

6:20 PM

Date and Time By-Pass was Stopped

12/2/13

6:50 PM

How By-Pass was Discovered:

EAST HAVEN POLICE CALLED IT IN

Quantity/Volume of By-Pass:

100 GALLONS

How Quantity/Volume was Determined:

FIELD ESTIMATE BY CREW

12/04/2013 12:33 2034665287

CH2MHILL

P.001

*** BROADCAST TX REPORT ***

JOB NO.	MODE	NO.	DESTINATION TEL/ID	START TIME	PAGE	RESULT
4416	TX	ECM 001	CT AQUACULTURE 92037839976	12/04 12:30	002	OK 00'27
	TX	ECM 002	CT DEP 918604244067	12/04 12:31	002	OK 00'29
	TX	ECM 003	EASTHAVENHEALTHDEPT 92034836894	12/04 12:33	002	OK 00'29



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
WATER MANAGEMENT BUREAU



BY-PASS REPORT FORM

City or Town:

EAST HAVEN

Type of By-pass

- ☒ Raw Sewage
☐ Disinfected Raw Sewage
☐ Partially Treated Sewage
☐ Disinfected Partially Treated Raw Sewage
☐ Sludge Spill
☐ Other: _____

Location of Bypass

- ☐ Treatment Plant
☐ Pump Station
☒ Manhole _____ Lateral _____ Basement _____
☐ Main _____ Private _____

Cause of By-Pass

- ☐ Weather Conditions _____
☐ Mechanical Equipment Failure _____
☐ Electric Utility Failure _____
☐ Electrical Equipment Failure _____
☐ Approved Shutdown _____
☐ Limited Capacity: _____ dry weather
_____ wet weather

Blockage of sewer line due to:

- ☒ Grease _____ Roots _____ Other: _____

Exact Location of By-Pass:

22 VISTA DR EAST HAVEN

Date and Time By-Pass was Discovered:

12/2/13

6:20 PM

Date and Time By-Pass was Stopped

12/2/13

6:50 PM

By-Pass was Discovered:

EAST HAVEN POLICE CALLED IT IN

HOW
WAS
VOLUME
ESTIMATED

Quantity/Volume of By-Pass:

100 GALLONS

How Quantity/Volume was Determined:

FIELD ESTIMATE BY CREW

If Equipment Failure, date of last inspection, maintenance or repairs

N/A

Receiving Waters (If Applicable)

N/A

Steps taken to minimize volume and duration of By-Pass:

JET SANITARY SEWER

Action taken to eliminate By-Pass:

JET SANITARY SEWER

Steps taken to prevent recurrence of By-Pass:

PM JETTING OF SANITARY SEWER

Was area of By-Pass cleaned of debris?

☒

Yes

☐ No

Method Used:

CREW WASHED DOWN THE ROAD - NO DEBRIS TO COLLECT.

Date of Last Blockage _____ Back up _____ Surcharge _____ at this location _____

BY-PASS NOTIFICATION LOG

Date/Time

Permittee shall notify DEP within 2 hours of becoming aware of the bypass and shall submit a written report within 5 days.

Date Time

N/A

CT DEP – Iliana Ayala (860) 424-3758 (Primary DEP Contact)*

* If Iliana Ayala is not available, call Municipal Facilities Section at:
(860) 424-3704

12/2/13 6:58 PM

CT DEP (860) 424-3704 [(860) 424-3333 after hours dispatch]

DO NOT LEAVE VOICE MAIL MESSAGES

203

Name of person contacted**

** Remind dispatch to notify Aquaculture if after hours/weekend

12/2/13 7:01 PM

CT Aquaculture Division (203) 874 0696 *** Opt 2 M-F 8-4:30

*** Required only if by-pass is below Interstate Route 95***

*** After hours / weekends call Kristin Frank @ (203) 209-4023 or

Alissa Dragan (203) 383-0377

SPEAK TO SOMEONE / DO NOT LEAVE A MESSAGE***

KRISTIN

Name of person contacted

N/A

CT Dept. of Health (860) 509-7333(Drinking Water Section) - Monday
thru Friday 8:30 to 5PM if bypass occurred in the following towns: Bristol, Cheshire,
Danbury, Goshen, Groton, HAMDEN, Manchester, Mansfield, Middletown, North Haven,
Norwalk, Ridgefield, Shelton, Stamford, Vernon and Woodstock

Name of person contacted

N/A

CT Dept. of Public Health (860) 509-7296 (Recreation Section)
notify Mon thru Fri 8:30-5:00 pm if bypass occurred from April 1
through September 30.

Name of person contacted

N/A

RWA-Hamden
401-2630

12/2/13 7:03 PM

Local Health Department or Regional Health District

PAUL KOWALSKI - MESSAGE

Name of person contacted

(203) 946-8173 NH+EH

QVHD (203) 248-4528

Hamden only

12/2/13 7:04 PM

Health Director of Contiguous Towns (Costal Plants Only) or

12/2/13 7:07 PM

Health Director of Town Downstream (Inland Plants)

① GENERAL MAIL BOX MESSAGE

Name of person contacted

② MAUREEN LEWIS - MESSAGE

1. East Shore Health

(203) 481-4233

2. West Haven Health

Eric Triffin

(203) 937-3660

Date Time

Fax to CT DEP, Iliana Ayala (860) 424-4067

Fax to CT Aquaculture (203) 783-9976 (If south of I95)

Fax to Local Health Department or Regional Health District

(203) 946-6509 fax

(203) 483-6894 fax

QVHD Wdbg+Hamden (203) 248-6671 fax

Report Submitted by:

Anthony Fiorillo

Title:

Coll. Manager

Signature:

A. Fiorillo

Date:

12/3/13

Submit Completed Report to either by fax or by mail: State of CT, Dept of Environmental Protection, Water
Bureau - Attention: Iliana Ayala, 79 Elm Street, Hartford, CT 06106-5127

2 Hours Notification Required

Final Report within 5 days



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
WATER MANAGEMENT BUREAU



BY-PASS REPORT FORM

City or Town:

EAST HAVEN

Type of By-pass

- ☒ Raw Sewage
☐ Disinfected Raw Sewage
☐ Partially Treated Sewage
☐ Disinfected Partially Treated Raw Sewage
☐ Sludge Spill
☐ Other: _____

Location of Bypass

- ☐ Treatment Plant
☐ Pump Station
☒ Manhole ☐ Lateral ☐ Basement
☐ Main ☐ Private

Cause of By-Pass

- ☐ Weather Conditions
☐ Mechanical Equipment Failure
☐ Electric Utility Failure
☐ Electrical Equipment Failure
☐ Approved Shutdown
☐ Limited Capacity: _____ dry weather
_____ wet weather

Blockage of sewer line due to:

- ☒ Grease ☐ Roots ☐ Other: _____

Exact Location of By-Pass:

22 VISTA DR. EAST HAVEN

Date and Time By-Pass was Discovered:

12/2/13

6:20 PM

Date and Time By-Pass was Stopped:

12/2/13

6:50 PM

How By-Pass was Discovered:

EAST HAVEN POLICE CALLED IT IN

Quantity/Volume of By-Pass:

100 GALLONS

How Quantity/Volume was Determined:

FIELD ESTIMATE BY CREW

12/04/2013 12:33 2034665287

CH2MHILL

P.001

*** BROADCAST TX REPORT ***

JOB NO.	MODE	NO.	DESTINATION TEL/ID	START TIME	PAGE	RESULT
4416	TX	ECM 001	CT AQUACULTURE 92037839976	12/04 12:30	002	OK 00'27
	TX	ECM 002	CT DEP 918604244067	12/04 12:31	002	OK 00'29
	TX	ECM 003	EASTHAVENHEALTHDEPT 92034836894	12/04 12:33	002	OK 00'29



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
WATER MANAGEMENT BUREAU

BY-PASS REPORT FORM

City or Town: NEW HAVEN

Type of By-pass

- ☒ Raw Sewage
☐ Disinfected Raw Sewage
☐ Partially Treated Sewage
☐ Disinfected Partially Treated Raw Sewage
☐ Sludge Spill
☐ Other: _____

Location of Bypass

- ☐ Treatment Plant
☐ Pump Station
☒ Manhole _____ Lateral _____ Basement _____
☐ Main _____ Private _____

Cause of By-Pass

- ☐ Weather Conditions _____
☐ Mechanical Equipment Failure
☐ Electric Utility Failure
☐ Electrical Equipment Failure
☐ Approved Shutdown
☐ Limited Capacity: _____ dry weather
_____ wet weather

Blockage of sewer line due to:

- ☒ Grease _____ Roots _____ Other: _____

Exact Location of By-Pass: 315 EASTERN ST NEW HAVEN

Date and Time By-Pass was Discovered: 10/13/13 9:15 PM

Date and Time By-Pass was Stopped 10/13/13 9:58 PM

How By-Pass was Discovered: RESIDENT CALLED IT IN.

Quantity/Volume of By-Pass: LESS THAN 100 GALLONS

How Quantity/Volume was Determined: FIELD ESTIMATE BY CREW

If Equipment Failure, date of last inspection, maintenance or repairs _____

Receiving Waters (If Applicable) N/A

Steps taken to minimize volume and duration of By-Pass: JET SANITARY SEWER

Action taken to eliminate By-Pass: JET SANITARY SEWER

Steps taken to prevent recurrence of By-Pass: PRO JETTING OF SANITARY SEWER

Was area of By-Pass cleaned of debris? ☒ Yes ☐ No

Method Used: CREW WASHED SPILL AREA WITH COMBO TRUCK

Date of Last Blockage N/A Back up _____ Surge _____ at this location _____

NOT
RECORDING
WHETHER
IT REACHES
WATERS

HAD TO
GO BACK OUT
TO
RESPOND
TO
BOB

CAME BACK
NEXT
DAY
JTS

CARS
SPILLING
SEWER

MARK
ALEX

BY-PASS NOTIFICATION LOG

Date/Time

Permittee shall notify DEP within 2 hours of becoming aware of the bypass and shall submit a written report within 5 days.

Date Time

N/A

CT DEP – Iliana Ayala (860) 424-3758 (Primary DEP Contact)*

* If Iliana Ayala is not available, call Municipal Facilities Section at: (860) 424-3704

10/13/13 10:09 P

CT DEP (860) 424-3704 [(860) 424-3333 after hours dispatch]

DO NOT LEAVE VOICE MAIL MESSAGES

203

Name of person contacted**

** Remind dispatch to notify Aquaculture if after hours/weekend

N/A

CT Aquaculture Division (203) 874 0696 *** Opt 2 M-F 8-4:30

*** Required only if by-pass is below Interstate Route 95***

*** After hours / weekends call Kristin Frank @ (203) 209-4023 or Alissa Dragan (203) 383-0377

SPEAK TO SOMEONE / DO NOT LEAVE A MESSAGE***

Name of person contacted

N/A

CT Dept. of Health (860) 509-7333(Drinking Water Section) - Monday

thru Friday 8:30 to 5PM if bypass occurred in the following towns: Bristol, Cheshire, Danbury, Goshen, Groton, ~~HAMDEN~~, Manchester, Mansfield, Middletown, North Haven, Norwalk, Ridgefield, Shelton, Stamford, Vernon and Woodstock

Name of person contacted

N/A

CT Dept. of Public Health (860)509-7296 (Recreation Section)

notify Mon thru Fri 8:30-5:00 pm if bypass occurred from April 1 through September 30.

Name of person contacted

10/13/13 10:13 P

Local Health Department or Regional Health District

Paul Kinnick - Message

Name of person contacted

(203) 946-8173 NH+EH

QVHD (203) 248-4528

Hamden only

10/13/13 10:15 P

Health Director of Contiguous Towns (Costal Plants Only) or

10/14/13 10:17 P

Health Director of Town Downstream (Inland Plants)

General Mui Ben Ngu Name of person contacted

MAUREN LEWIS - Message

1. East Shore Health

(203) 481-4233

2. West Haven Health

Eric Triffin

(203) 937-3660

Date Time

10/15 15:02

Fax to CT DEP, Iliana Ayala (860) 424-4067

10/15 15:03

Fax to CT Aquaculture (203) 783-9976 (If south of I95)

10/15 15:05

Fax to Local Health Department or Regional Health District

(203) 946-6509 fax

(203) 483-6894 fax

QVHD Wdbg+Hamden (203) 248-6671 fax

Report Submitted by:

Anthony Fiorino

Title:

Coll Manager

Signature:

A Fiorino

Date:

10/15/13

Submit Completed Report to either by fax or by mail: State of CT, Dept of Environmental Protection, Water Bureau - Attention: Iliana Ayala, 79 Elm Street, Hartford, CT 06106-5127

2 Hours Notification Required

Final Report within 5 days



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
WATER MANAGEMENT BUREAU



BY-PASS REPORT FORM

City or Town:

NEW HAVEN

Type of By-pass

- ☒ Raw Sewage
☐ Disinfected Raw Sewage
☐ Partially Treated Sewage
☐ Disinfected Partially Treated Raw Sewage
☐ Sludge Spill
☐ Other: _____

Location of Bypass

- ☐ Treatment Plant
☐ Pump Station
☒ Manhole ☐ Lateral ☐ Basement
☐ Main ☐ Private

Cause of By-Pass

- ☐ Weather Conditions
☐ Mechanical Equipment Failure
☐ Electric Utility Failure
☐ Electrical Equipment Failure
☐ Approved Shutdown
☐ Limited Capacity: _____ dry weather
_____ wet weather

Blockage of sewer line due to:

- ☒ Grease ☐ Roots ☐ Other: _____

Exact Location of By-Pass:

315 EASTERN ST NEW HAVEN

Date and Time By-Pass was Discovered:

10/13/13

9:15 PM

Date and Time By-Pass was Stopped:

10/13/13

9:58 PM

How By-Pass was Discovered:

RESIDENT CALLED IT IN.

Quantity/Volume of By-Pass:

LESS THAN 100 GALLONS

How Quantity/Volume was Determined:
10/15/2013 15:06 2034665287

PH - 10/15/2013 15:06 2034665287
CH2MHILL

P.001

*** BROADCAST TX REPORT ***

JOB NO.	MODE	NO.	DESTINATION TEL/ID	START TIME	PAGE	RESULT
4243	TX	ECM 001	CT DEP 918604244067	10/15 15:02	002	OK 00'31
	TX	ECM 002	CT AQUACULTURE 92037839976	10/15 15:03	002	OK 00'28
	TX	ECM 003	NEW HAVEN HEALTH DEP 92039466509	10/15 15:05	002	OK 00'27



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
WATER MANAGEMENT BUREAU



BY-PASS REPORT FORM

City or Town:

NEW HAVEN

Type of By-pass

- ☒ Raw Sewage
☐ Disinfected Raw Sewage
☐ Partially Treated Sewage
☐ Disinfected Partially Treated Raw Sewage
☐ Sludge Spill
☐ Other: _____

Location of Bypass

- ☐ Treatment Plant
☐ Pump Station
☒ Manhole _____ Lateral _____ Basement _____
☐ Main _____ Private _____

Cause of By-Pass

- ☐ Weather Conditions _____
☐ Mechanical Equipment Failure
☐ Electric Utility Failure
☐ Electrical Equipment Failure
☐ Approved Shutdown
☐ Limited Capacity: _____ dry weather
_____ wet weather

Blockage of sewer line due to:

- ☒ Grease _____ Roots _____ Other: _____

Exact Location of By-Pass:

315 EASTERN ST NEW HAVEN

Date and Time By-Pass was Discovered:

10/13/13

9:15 PM

Date and Time By-Pass was Stopped

10/13/13

9:58 PM

By-Pass was Discovered:

RESIDENT CALLED IT IN.

Quantity/Volume of By-Pass:

LESS THAN 100 GALLONS

How Quantity/Volume was Determined:

FIELD ESTIMATE BY CREW

If Equipment Failure, date of last inspection, maintenance or repairs

Receiving Waters (If Applicable)

N/A

Steps taken to minimize volume and duration of By-Pass:

JET SANITARY SEWER

Action taken to eliminate By-Pass:

JET SANITARY SEWER

Steps taken to prevent recurrence of By-Pass:

PRO JETTING OF SANITARY SEWER

Was area of By-Pass cleaned of debris?

☒ Yes

☐ No

Method Used:

CREW WASHED SPILL AREA WITH HYDRO TRUCK

Date of Last Blockage

N/A

Back up

Surcharge

at this location

BY-PASS NOTIFICATION LOG

Date/Time

Permittee shall notify DEP within 2 hours of becoming aware of the bypass and shall submit a written report within 5 days.

Date Time

N/A

CT DEP – Iliana Ayala (860) 424-3758 (Primary DEP Contact)*

* If Iliana Ayala is not available, call Municipal Facilities Section at: (860) 424-3704

10/13/13 10:09 PM

CT DEP (860) 424-3704 [(860) 424-3333 after hours dispatch]

DO NOT LEAVE VOICE MAIL MESSAGES

203

Name of person contacted**

** Remind dispatch to notify Aquaculture if after hours/weekend

N/A

CT Aquaculture Division (203) 874 0696 *** Opt 2 M-F 8-4:30

*** Required only if by-pass is below Interstate Route 95***

*** After hours / weekends call Kristin Frank @ (203) 209-4023 or Alissa Dragan (203) 383-0377

SPEAK TO SOMEONE / DO NOT LEAVE A MESSAGE***

Name of person contacted

N/A

CT Dept. of Health (860) 509-7333(Drinking Water Section) - Monday thru Friday 8:30 to 5PM if bypass occurred in the following towns: Bristol, Cheshire, Danbury, Goshen, Groton, HAMDEN, Manchester, Mansfield, Middletown, North Haven, Norwalk, Ridgefield, Shelton, Stamford, Vernon and Woodstock

Name of person contacted

N/A

CT Dept. of Public Health (860)509-7296 (Recreation Section) notify Mon thru Fri 8:30-5:00 pm if bypass occurred from April 1 through September 30.

Name of person contacted

RWA-Hamden
401-2630

10/13/13 10:13 PM

Local Health Department or Regional Health District

Name of person contacted

(203) 946-8173 NH+EH

QVHD (203) 248-4528

Hamden only

10/13/13 10:15 PM

Health Director of Contiguous Towns (Costal Plants Only) or

1. East Shore Health

10/14/13 10:17 PM

Health Director of Town Downstream (Inland Plants)

(203) 481-4233

2. West Haven Health

Eric Triffin

(203) 937-3660

Name of person contacted

Date Time

10/15 15:02

Fax to CT DEP, Iliana Ayala (860) 424-4067

10/15 15:03

Fax to CT Aquaculture (203) 783-9976 (If south of I95)

10/15 15:05

Fax to Local Health Department or Regional Health District

(203) 946-6509 fax

(203) 483-6894 fax

QVHD Wdbg+Hamden (203) 248-6671 fax

Report Submitted by:

Anthony Fiorillo

Title:

Cell Manager

Signature:

A Fiorillo

Date:

10/15/13

2 Hours Notification Required

Final Report within 5 days

Submit Completed Report to either by fax or by mail: State of CT, Dept of Environmental Protection, Water Bureau - Attention: Iliana Ayala, 79 Elm Street, Hartford, CT 06106-5127



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
WATER MANAGEMENT BUREAU



BY-PASS REPORT FORM

City or Town:

NEW HAVEN

Type of By-pass

- ☒ Raw Sewage
☐ Disinfected Raw Sewage
☐ Partially Treated Sewage
☐ Disinfected Partially Treated Raw Sewage
☐ Sludge Spill
☐ Other:

Location of Bypass

- ☐ Treatment Plant
☐ Pump Station
☒ Manhole ☐ Lateral ☐ Basement
☐ Main ☐ Private

Cause of By-Pass

- ☐ Weather Conditions
☐ Mechanical Equipment Failure
☐ Electric Utility Failure
☐ Electrical Equipment Failure
☐ Approved Shutdown
☐ Limited Capacity: ☐ dry weather
☐ wet weather

Blockage of sewer line due to:

- ☒ Grease ☐ Roots ☐ Other:

Exact Location of By-Pass:

315 EASTERN ST NEW HAVEN

Date and Time By-Pass was Discovered:

10/13/13

9:15 Pm

Date and Time By-Pass was Stopped:

10/13/13

9:58 Pm

How By-Pass was Discovered:

RESIDENT CALLED IT IN.

Quantity/Volume of By-Pass:

LESS THAN 100 GALLONS

How Quantity/Volume was Determined:
10/15/2013 15:06 2034665287

CH2MHILL

P.001

*** BROADCAST TX REPORT ***

JOB NO.	MODE	NO.	DESTINATION TEL/ID	START TIME	PAGE	RESULT
4243	TX	ECM 001	CT DEP 918604244067	10/15 15:02	002	OK 00'31
	TX	ECM 002	CT AQUACULTURE 92037839976	10/15 15:03	002	OK 00'28
	TX	ECM 003	NEW HAVEN HEALTH DEP 92039466509	10/15 15:05	002	OK 00'27



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
WATER MANAGEMENT BUREAU



BY-PASS REPORT FORM

FIELD
VISIT

City or Town:

EAST HAVEN

Type of By-pass

- ☒ Raw Sewage
☐ Disinfected Raw Sewage
☐ Partially Treated Sewage
☐ Disinfected Partially Treated Raw Sewage
☐ Sludge Spill
☐ Other: _____

Location of Bypass

- ☐ Treatment Plant
☐ Pump Station
☒ Manhole _____ Lateral _____ Basement _____
☐ Main _____ Private _____

Cause of By-Pass

- ☐ Weather Conditions
☐ Mechanical Equipment Failure
☐ Electric Utility Failure
☐ Electrical Equipment Failure
☐ Approved Shutdown
☐ Limited Capacity: _____ dry weather
_____ wet weather

Blockage of sewer line due to:

- ☒ Grease _____ Roots _____ Other: _____

Exact Location of By-Pass:

SWAMP BETWEEN KENNETH ST & PROTO DR EH

Date and Time By-Pass was Discovered:

6/8/13

3:30 PM

Date and Time By-Pass was Stopped:

6/8/13

7:15 PM

How By-Pass was Discovered:

CREW CHECKED SANITARY AFTER RAIN EVENT
CREW JETTED A SURCHARGED MH CAUSING OVERFLOW.

Quantity/Volume of By-Pass:

500 GALLONS

How Quantity/Volume was Determined:

FIELD ESTIMATE BY CREW

If Equipment Failure, date of last inspection, maintenance or repairs

N/A

Receiving Waters (If Applicable)

SWAMP BETWEEN KENNETH & PROTO DR EH

Steps taken to minimize volume and duration of By-Pass:

JET SANITARY SEWER.

Action taken to eliminate By-Pass:

JET SANITARY SEWER

Steps taken to prevent recurrence of By-Pass:

PM JETTING OF SANITARY SEWER

Is area of By-Pass cleaned of debris?

☒

Yes

☐ No

Method Used:

CREW APPLIED LYME TO THE AREA

Date of Last Blockage _____ Back up _____ Surcharge _____ at this location _____

BY-PASS NOTIFICATION LOG

Date/Time

Permittee shall notify DEP within 2 hours of becoming aware of the bypass and shall submit a written report within 5 days.

Date
N/A

Time

CT DEP – Iliana Ayala (860) 424-3758 (Primary DEP Contact)*

* If Iliana Ayala is not available, call Municipal Facilities Section at: (860) 424-3704

6/8/13 8:21 pm

CT DEP (860) 424-3704 [(860) 424-3333 after hours dispatch]

DO NOT LEAVE VOICE MAIL MESSAGES

204

Name of person contacted**

** Remind dispatch to notify Aquaculture if after hours/weekend

6/8/13 8:24 pm

CT Aquaculture Division (203) 874 0696 *** Opt 2 M-F 8-4:30

*** Required only if by-pass is below Interstate Route 95***

*** After hours / weekends call Kristin Frank @ (203) 209-4023 or

Alissa Dragan (203) 383-0377

SPEAK TO SOMEONE / DO NOT LEAVE A MESSAGE***

Alissa Dragan - Message Name of person contacted

N/A

CT Dept. of Health (860) 509-7333 (Drinking Water Section) - Monday thru Friday 8:30 to 5PM if bypass occurred in the following towns: Bristol, Cheshire, Danbury, Goshen, Groton, HAMDEN, Manchester, Mansfield, Middletown, North Haven, Norwalk, Ridgefield, Shelton, Stamford, Vernon and Woodstock

Name of person contacted

*

6/10/13 8:44 am

CT Dept. of Public Health (860) 509-7296 (Recreation Section) notify Mon thru Fri 8:30-5:00 pm if bypass occurred from April 1 through September 30.

JOSEPH MITCHELL

Name of person contacted

N/A

RWA-Hamden
401-2630

6/8/13 8:28 pm

Local Health Department or Regional Health District

Paul Kowalek - Message Name of person contacted

(203) 946-8173 NH+EH
QVHD (203) 248-4528
Hamden only

6/8/13 8:33 pm

Health Director of Contiguous Towns (Costal Plants Only) or

1. East Shore Health

6/8/13 8:35 pm

Health Director of Town Downstream (Inland Plants)

(203) 481-4233

① GENERAL MAIL BOX MESSAGE Name of person contacted

2. West Haven Health

② MARLEEN LEWIS - Message

Eric Triffin

(203) 937-3660

Date Time

6/11/13 14:52

Fax to CT DEP, Iliana Ayala (860) 424-4067

6/11/13 14:51

Fax to CT Aquaculture (203) 783-9976 (If south of I95)

6/11/13 14:53

Fax to Local Health Department or Regional Health District

(203) 946-6509 fax

(203) 483-6894 fax

QVHD Wdbg+Hamden (203) 248-6671 fax

Report Submitted by:

Anthony Fiorino

Title:

Cell Manager

Signature:

A Fiorino

Date:

6/10/13

2 Hours Notification Required

Final Report within 5 days

Submit Completed Report to either by fax or by mail: State of CT, Dept of Environmental Protection, Water Bureau - Attention: Iliana Ayala, 79 Elm Street, Hartford, CT 06106-5127



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
WATER MANAGEMENT BUREAU



BY-PASS REPORT FORM

City or Town:

EAST HAVEN

Type of By-pass

- ☒ Raw Sewage
☐ Disinfected Raw Sewage
☐ Partially Treated Sewage
☐ Disinfected Partially Treated Raw Sewage
☐ Sludge Spill
☐ Other: _____

Location of Bypass

- ☐ Treatment Plant
☐ Pump Station
☒ Manhole _____ Lateral _____ Basement _____
☐ Main _____ Private _____

Cause of By-Pass

- ☐ Weather Conditions
☐ Mechanical Equipment Failure
☐ Electric Utility Failure
☐ Electrical Equipment Failure
☐ Approved Shutdown
☐ Limited Capacity: _____ dry weather
_____ wet weather

Blockage of sewer line due to:

- ☒ Grease _____ Roots _____ Other: _____

Exact Location of By-Pass:

SWAMP BETWEEN KENNETH ST & PROTO DR EH

Date and Time By-Pass was Discovered:

6/8/13

3:30 PM

Date and Time By-Pass was Stopped

6/8/13

7:15 PM

How By-Pass was Discovered:

CREW CHECKED SANITARY AFTER RAIN EVENT
NEW JETTED A SURCHARGED MH CAUSING OVERFLOW.

Quantity/Volume of By-Pass:

500 GALLONS

How Quantity/Volume was Determined:

FIELD ESTIMATE BY CREW

06/11/2013 14:54 2034665287

CH2MHILL

P.001

*** BROADCAST TX REPORT ***

JOB NO.	MODE	NO.	DESTINATION TEL/ID	START TIME	PAGE	RESULT
3826	TX	ECM 001	CT AQUACULTURE 92037839976	06/11 14:51	002	OK 00'29
	TX	ECM 002	CT DEP 918604244067	06/11 14:52	002	OK 00'30
	TX	ECM 003	EASTHAVENHEALTHDEPT 92034836894	06/11 14:53	002	OK 00'30



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
WATER MANAGEMENT BUREAU



BY-PASS REPORT FORM

City or Town:

EAST HAVEN

Type of By-pass

- ☒ Raw Sewage
☐ Disinfected Raw Sewage
☐ Partially Treated Sewage
☐ Disinfected Partially Treated Raw Sewage
☐ Sludge Spill
☐ Other: _____

Location of Bypass

- ☐ Treatment Plant
☐ Pump Station
☒ Manhole _____ Lateral _____ Basement _____
☐ Main _____ Private _____

Cause of By-Pass

- ☐ Weather Conditions _____
☐ Mechanical Equipment Failure
☐ Electric Utility Failure
☐ Electrical Equipment Failure
☐ Approved Shutdown
☐ Limited Capacity: _____ dry weather
_____ wet weather

Blockage of sewer line due to:

- ☒ Grease _____ Roots _____ Other: _____

Exact Location of By-Pass:

SWAMP BETWEEN KENNETH ST & PROSO DR EH

Date and Time By-Pass was Discovered:

6/8/13

3:30 PM

Date and Time By-Pass was Stopped

6/8/13

7:15 PM

How By-Pass was Discovered:

CREW CHECKED SANITARY AFTER RAIN EVENT
CREW JETTED A SURCHARGED MH CAUSING OVERFLOW.

Quantity/Volume of By-Pass:

500 GALLONS

How Quantity/Volume was Determined:

FIELD ESTIMATE BY CREW

If Equipment Failure, date of last inspection, maintenance or repairs

N/A

Receiving Waters (If Applicable)

SWAMP BETWEEN KENNETH & PROSO DR EH

Steps taken to minimize volume and duration of By-Pass:

JET SANITARY SEWER.

Action taken to eliminate By-Pass:

JET SANITARY SEWER

Steps taken to prevent recurrence of By-Pass:

PM JETTING OF SANITARY SEWER

Is area of By-Pass cleaned of debris?

☒

Yes

☐ No

Method Used:

CREW APPLIED LIME TO THE AREA

Date of Last Blockage _____ Back up _____ Surge _____ at this location _____

*WETLAND
PROSO DR
EH*

*WETLAND
PROSO DR
EH*

BY-PASS NOTIFICATION LOG

2 Hours Notification Required

Final Report within 5 days

Date/Time

Permittee shall notify DEP within 2 hours of becoming aware of the bypass and shall submit a written report within 5 days.

Date
N/A

Time

CT DEP – Iliana Ayala (860) 424-3758 (Primary DEP Contact)*

* If Iliana Ayala is not available, call Municipal Facilities Section at:
(860) 424-3704

6/8/13 8:21 PM

CT DEP (860) 424-3704 [(860) 424-3333 after hours dispatch]

DO NOT LEAVE VOICE MAIL MESSAGES

204

Name of person contacted**

** Remind dispatch to notify Aquaculture if after hours/weekend

6/8/13 8:24 PM

CT Aquaculture Division (203) 874 0696 *** Opt 2 M-F 8-4:30

*** Required only if by-pass is below Interstate Route 95***

*** After hours / weekends call Kristin Frank @ (203) 209-4023 or
Alissa Dragan (203) 383-0377

SPEAK TO SOMEONE / DO NOT LEAVE A MESSAGE***

ALISSA DRAGAN - MESSAGE

Name of person contacted

N/A

CT Dept. of Health (860) 509-7333 (Drinking Water Section) - Monday
thru Friday 8:30 to 5PM if bypass occurred in the following towns: Bristol, Cheshire,
Danbury, Goshen, Groton, HAMDEN, Manchester, Mansfield, Middletown, North Haven,
Norwalk, Ridgefield, Shelton, Stamford, Vernon and Woodstock

Name of person contacted

* 6/10/13 8:44 AM

CT Dept. of Public Health (860) 509-7296 (Recreation Section)
notify Mon thru Fri 8:30-5:00 pm if bypass occurred from April 1
through September 30.

JOSEPH MITCHELL

Name of person contacted

N/A

RWA-Hamden
401-2630

6/8/13 8:28 PM

Local Health Department or Regional Health District

PAUL KONARSKI - MESSAGE

Name of person contacted

(203) 946-8173 NH+EH
QVHD (203) 248-4528
Hamden only

6/8/13 8:33 PM

Health Director of Contiguous Towns (Costal Plants Only) or

6/8/13 8:35 PM

Health Director of Town Downstream (Inland Plants)

① GENERAL MAIL BOX MESSAGE

Name of person contacted

② MAUREAN LEWIS - MESSAGE

1. East Shore Health
(203) 481-4233
2. West Haven Health
Eric Triffin
(203) 937-3660

Date Time

6/11/13 14:52

Fax to CT DEP, Iliana Ayala (860) 424-4067

6/11/13 14:51

Fax to CT Aquaculture (203) 783-9976 (If south of I95)

6/11/13 14:53

Fax to Local Health Department or Regional Health District

(203) 946-6509 fax
(203) 483-6894 fax
QVHD Wdbg+Hamden (203) 248-6671 fax

Report Submitted by:

Anthony Fiorillo

Title:

Coll Manager

Signature:

A Fiorillo

Date:

6/10/13

Submit Completed Report to either by fax or by mail: State of CT, Dept of Environmental Protection, Water
Bureau - Attention: Iliana Ayala, 79 Elm Street, Hartford, CT 06106-5127



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
WATER MANAGEMENT BUREAU



BY-PASS REPORT FORM

City or Town:

New Haven

Type of By-pass

Cause of By-Pass

- ☒ Raw Sewage/Rain
☐ Disinfected Raw Sewage
☐ Partially Treated Sewage
☐ Disinfected Partially Treated Raw Sewage
☐ Sludge Spill
☐ Other: _____

FIELD
VISIT

Conditions Heavy Rain

☐ Equipment Failure

☐ Utility Failure

☐ Equipment Failure

☐ Shutdown

Capacity: _____ dry weather

_____ wet weather

Location of Bypass

☐ Treatment Plant

☐ Pump Station

☒ Manhole _____ Lateral _____ Basement _____

☐ Main _____ Private _____

due to:

☐ Grease ☐ Roots ☐ Other: _____

Exact Location of By-Pass:

1 Union Ave, New Haven

Date and Time By-Pass was Discovered:

6/23/11

2:45 pm

Date and Time By-Pass was Stopped

6/23/11

3:02 pm

How By-Pass was Discovered:

Resident called in - manholes
overflowing.

Quantity/Volume of By-Pass:

30,000 gal - combined w/ Rain water

How Quantity/Volume was Determined:

Field estimate by crew - over 2"
of rain in 1HR. Bypass mostly RAIN water

If Equipment Failure, date of last inspection, maintenance or repairs

N/A

Receiving Waters (If Applicable)

Long Island Sound

Steps taken to minimize volume and duration of By-Pass:

wait for rain + flows
to subside

Action taken to eliminate By-Pass:

wait for rain to subside

Steps taken to prevent recurrence of By-Pass:

continue PM Jetting program

Was area of By-Pass cleaned of debris?

☒ Yes

☐ No

Method Used:

Rinse and VAC road area

Date of Last Blockage

Back up

Surcharge

☒

at this location

10/1/2010

BY-PASS NOTIFICATION LOG

Date/Time

Permittee shall notify DEP within 2 hours of becoming aware of the bypass and shall submit a written report within 5 days.

Date
6/23/11

Time
3:44pm

CT DEP – Iliana Ayala (860) 424-3758 (Primary DEP Contact)*

* If Iliana Ayala is not available, call Municipal Facilities Section at:
(860) 424-3704

CT DEP (860) 424-3704 [(860) 424-3333 after hours dispatch]

DO NOT LEAVE VOICE MAIL MESSAGES

Name of person contacted**

** Remind dispatch to notify Aquaculture if after hours/weekend

6/23/11

3:46pm

CT Aquaculture Division (203) 874 0696 *** Opt 2 M-F 8-4:30

*** Required only if by-pass is below Interstate Route 95***

*** After hours / weekends call Kristin Frank @ (203) 209-4023 or
Alissa Dragan (203) 383-0377

SPEAK TO SOMEONE / DO NOT LEAVE A MESSAGE***

David

Name of person contacted

NA

CT Dept. of Health (860) 509-7333(Drinking Water Section) - Monday
thru Friday 8:30 to 5PM if bypass occurred in the following towns: Bristol, Cheshire,
Danbury, Goshen, Groton, **HAMDEN**, Manchester, Mansfield, Middletown, North Haven,
Norwalk, Ridgefield, Shelton, Stamford, Vernon and Woodstock

Name of person contacted

6/23/11

3:48
pm

CT Dept. of Public Health (860) 509-7296 (Recreation Section)
notify Mon thru Fri 8:30-5:00 pm if bypass occurred from April 1
through September 30.

Joe Mitchel

Name of person contacted

RWA-Hamden
401-2630

6/23/11

3:52pm

Local Health Department or Regional Health District

Paul Kowalski

Name of person contacted

(203) 946-8173 NH+EH
QVHD (203) 248-4528
Hamden only

6/23/11

3:59pm

Health Director of Contiguous Towns (Costal Plants Only) or

6/23/11

4:01pm

Health Director of Town Downstream (Inland Plants)

LISA Mann

Name of person contacted

BDB Jacyee

1. East Shore Health
(203) 481-4233
2. West Haven Health
Eric Triffin
(203) 937-3660

Date

Time

6/27

8:55am

Fax to CT DEP, Iliana Ayala (860) 424-4067

6/27

8:56am

Fax to CT Aquaculture (203) 783-9976 (If south of I95)

6/27

8:57am

Fax to Local Health Department or Regional Health District

(203) 946-6509 fax
(203) 483-6894 fax
QVHD Wdbg+Hamden (203) 248-6671 fax

Report Submitted by:

Anthony Fiorillo

Title:

Coll. Manager

Signature:

Anthony Fiorillo

Date:

6/24/11

Submit Completed Report to either by fax or by mail: State of CT, Dept of Environmental Protection, Water
Bureau - Attention: Iliana Ayala, 79 Elm Street, Hartford, CT 06106-5127

2 Hours Notification Required

Final Report within 5 days



AFTER HOURS
 ASKED FOR
 WORK ORDER
 generated @ 5:29pm
 Check call
 log for time?
 discovered @ 7:15
 response time < 1hr?pm

Work Order COLL-61686

 Collections
 Printed 12/17/2013 - 8:36 AM

Maintenance Details

Requested By: JAB on 4/15/2013 5:29:00 PM

Target: 4/15/2013 (4) hrs

Hamden

Problem: Sewage out of MH (SEWAGE_MH)

Priority/Type: Emergency/Safety/Compliance / Corrective

HDCUSTOM

Procedure: Backup Response (BACKUP_RESPONSE)

Supervisor: Nasse, Rich

96 STANLEY RD (HDCUSTOM-020676)

Shop: OMI

Contact: JAB

Reason: Sewage out of MH @ 96 STANLEY RD. REPORTED BY HPD

Phone: (203) 466-5260

☐ Warranty ☐ Shutdown ☐ Lockout ☐ Attach ☐ Char

Tasks

Description

FOLLOW TRAFFIC CONTROL PROCEDURES

10 Arrive at location. Follow safety procedures!

20 Check main line in street to verify if flowing.

FOLLOW CORRECT MANHOLE LIFTING PROCEDURE

30 Jet line, opening up and downstream manhole covers.

40 If available, notify homeowner/business owner of the current conditions.

50 Record all information on work order and report back to supervisor.

60 HTL06P0334

70 HTL06P0332

Initials Failed Complete

 RN ☐ ☒

 RN ☐ ☒

 RN ☐ ☒

 RN ☐ ☒

 RN ☐ ☒

 RN ☐ ☒

 RN ☐ ☒

Response
 time
 > 1hr

Labor

Labor	Account	Work Date	Start	End	Reg Hrs	OT Hrs	Other Hrs
Alex, Mark	01.1400.000.5015	4/15/2013			0	4	0
Nasse, Rich	01.1400.000.5015	4/24/2013			0.25	0	0
Pantera, Vinny	01.1400.000.5015	4/15/2013			0	4	0

Labor Report

4/15/2013

SURCHARGED_SYS / Surcharged

Completed: 11:45:00 AM

Failure: System

Report: crew checked the city line, it was backed up. sewage was coming up through the MH cover. the crew jetted the line and restored flow. there was no damage to property.
 the DEEP was notified.



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
WATER MANAGEMENT BUREAU



BY-PASS REPORT FORM

City or Town:

EAST HAVEN

Type of By-pass

- ☒ Raw Sewage
☐ Disinfected Raw Sewage
☐ Partially Treated Sewage
☐ Disinfected Partially Treated Raw Sewage
☐ Sludge Spill
☐ Other: _____

Location of Bypass

- ☐ Treatment Plant
☐ Pump Station
☒ Manhole _____ Lateral _____ Basement _____
☐ Main _____ Private _____

Cause of By-Pass

- ☐ Weather Conditions
☐ Mechanical Equipment Failure
☐ Electric Utility Failure
☐ Electrical Equipment Failure
☐ Approved Shutdown
☐ Limited Capacity: _____ dry weather
_____ wet weather

Blockage of sewer line due to:

- ☒ Grease _____ Roots _____ Other: _____

Exact Location of By-Pass:

22 VISTA DR. EAST HAVEN

Date and Time By-Pass was Discovered:

12/2/13

6:20 PM

Date and Time By-Pass was Stopped:

12/2/13

6:50 PM

How By-Pass was Discovered:

EAST HAVEN POLICE CALLED IT IN

Quantity/Volume of By-Pass:

100 GALLONS

How Quantity/Volume was Determined:

FIELD ESTIMATE BY CREW

12/04/2013 12:33 2034665287

CH2MHILL

P.001

*** BROADCAST TX REPORT ***

JOB NO.	MODE	NO.	DESTINATION TEL/ID	START TIME	PAGE	RESULT
4416	TX	ECM 001	CT AQUACULTURE 92037839976	12/04 12:30	002	OK 00'27
	TX	ECM 002	CT DEP 918604244067	12/04 12:31	002	OK 00'29
	TX	ECM 003	EASTHAVENHEALTHDEPT 92034836894	12/04 12:33	002	OK 00'29



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
WATER MANAGEMENT BUREAU



BY-PASS REPORT FORM

City or Town:

EAST HAVEN

Type of By-pass

Cause of By-Pass

- ☒ Raw Sewage
☐ Disinfected Raw Sewage
☐ Partially Treated Sewage
☐ Disinfected Partially Treated Raw Sewage
☐ Sludge Spill
☐ Other: _____

- ☐ Weather Conditions _____
☐ Mechanical Equipment Failure
☐ Electric Utility Failure
☐ Electrical Equipment Failure
☐ Approved Shutdown
☐ Limited Capacity: _____ dry weather
_____ wet weather

Location of Bypass

Blockage of sewer line due to:

☒ Grease _____ Roots _____ Other: _____

Treatment Plant

Pump Station

☒ Manhole _____ Lateral _____ Basement _____

Main _____ Private _____

Exact Location of By-Pass:

22 VISTA DR EAST HAVEN

Date and Time By-Pass was Discovered:

12/2/13

6:20 PM

Date and Time By-Pass was Stopped

12/2/13

6:50 PM

By-Pass was Discovered:

EAST HAVEN POLICE CALLED IT IN

HOW
WAS
VOLUME
ESTIMATED

Quantity/Volume of By-Pass:

100 GALLONS

How Quantity/Volume was Determined:

FIELD ESTIMATE BY CREW

If Equipment Failure, date of last inspection, maintenance or repairs

N/A

Receiving Waters (If Applicable)

N/A

Steps taken to minimize volume and duration of By-Pass:

JET SANITARY SEWER

Action taken to eliminate By-Pass:

JET SANITARY SEWER

Steps taken to prevent recurrence of By-Pass:

PM JETTING OF SANITARY SEWER

Was area of By-Pass cleaned of debris?

☒

Yes

☐ No

Method Used:

CREW WASHED DOWN THE ROAD - NO DEBRIS TO COLLECT.

Date of Last Blockage _____ Back up _____ Surcharge _____ at this location _____

BY-PASS NOTIFICATION LOG

Date/Time

Permittee shall notify DEP within 2 hours of becoming aware of the bypass and shall submit a written report within 5 days.

Date Time

N/A

CT DEP - Iliana Ayala (860) 424-3758 (Primary DEP Contact)*

* If Iliana Ayala is not available, call Municipal Facilities Section at: (860) 424-3704

12/2/13 6:58 pm

CT DEP (860) 424-3704 [(860) 424-3333 after hours dispatch]

DO NOT LEAVE VOICE MAIL MESSAGES

203

Name of person contacted**

** Remind dispatch to notify Aquaculture if after hours/weekend

12/2/13 7:01 pm

CT Aquaculture Division (203) 874 0696 *** Opt 2 M-F 8-4:30

*** Required only if by-pass is below Interstate Route 95***

*** After hours / weekends call Kristin Frank @ (203) 209-4023 or

Alissa Dragan (203) 383-0377

SPEAK TO SOMEONE / DO NOT LEAVE A MESSAGE***

KRISTIN

Name of person contacted

N/A

CT Dept. of Health (860) 509-7333(Drinking Water Section) - Monday thru Friday 8:30 to 5PM if bypass occurred in the following towns: Bristol, Cheshire, Danbury, Goshen, Groton, HAMDEN, Manchester, Mansfield, Middletown, North Haven, Norwalk, Ridgefield, Shelton, Stamford, Vernon and Woodstock

Name of person contacted

N/A

CT Dept. of Public Health (860) 509-7296 (Recreation Section) notify Mon thru Fri 8:30-5:00 pm if bypass occurred from April 1 through September 30.

Name of person contacted

N/A

RWA-Hamden
401-2630

12/2/13 7:03 pm

Local Health Department or Regional Health District

Paul Kowalski - MESSAGE

Name of person contacted

(203) 946-8173 NH+EH

QVHD (203) 248-4528
Hamden only

12/2/13 7:04 pm

Health Director of Contiguous Towns (Costal Plants Only) or

12/2/13 7:07 pm

Health Director of Town Downstream (Inland Plants)

① GENERAL MAIL BOX MESSAGE

Name of person contacted

② MAUREEN LEWIS - MESSAGE

1. East Shore Health
(203) 481-4233
2. West Haven Health
Eric Triffin
(203) 937-3660

Date Time

Fax to CT DEP, Iliana Ayala (860) 424-4067

Fax to CT Aquaculture (203) 783-9976 (If south of I95)

Fax to Local Health Department or Regional Health District

(203) 946-6509 fax

(203) 483-6894 fax

QVHD Wdbg+Hamden (203) 248-6671 fax

Report Submitted by:

Anthony Fiorillo

Title:

Coll. Manager

Signature:

A. Fiorillo

Date:

12/3/13

Submit Completed Report to either by fax or by mail: State of CT, Dept of Environmental Protection, Water Bureau - Attention: Iliana Ayala, 79 Elm Street, Hartford, CT 06106-5127

2 Hours Notification Required

Final Report within 5 days



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
WATER MANAGEMENT BUREAU



BY-PASS REPORT FORM

City or Town:

EAST HAVEN

Type of By-pass

- ☒ Raw Sewage
☐ Disinfected Raw Sewage
☐ Partially Treated Sewage
☐ Disinfected Partially Treated Raw Sewage
☐ Sludge Spill
☐ Other: _____

Location of Bypass

- ☐ Treatment Plant
☐ Pump Station
☒ Manhole _____ Lateral _____ Basement _____
☐ Main _____ Private _____

Cause of By-Pass

- ☐ Weather Conditions
☐ Mechanical Equipment Failure
☐ Electric Utility Failure
☐ Electrical Equipment Failure
☐ Approved Shutdown
☐ Limited Capacity: _____ dry weather
_____ wet weather

Blockage of sewer line due to:

- ☒ Grease _____ Roots _____ Other: _____

Exact Location of By-Pass:

22 VISTA DR. EAST HAVEN

Date and Time By-Pass was Discovered:

12/2/13

6:20 PM

Date and Time By-Pass was Stopped

12/2/13

6:56 PM

How By-Pass was Discovered:

EAST HAVEN POLICE CALLED IT IN

Quantity/Volume of By-Pass:

100 GALLONS

How Quantity/Volume was Determined:

FIELD ESTIMATE BY CREW

12/04/2013 12:33 2034665287

CH2MHILL

P.001

*** BROADCAST TX REPORT ***

JOB NO.	MODE	NO.	DESTINATION TEL/ID	START TIME	PAGE	RESULT
4416	TX	ECM 001	CT AQUACULTURE 92037839976	12/04 12:30	002	OK 00'27
	TX	ECM 002	CT DEP 918604244067	12/04 12:31	002	OK 00'29
	TX	ECM 003	EASTHAVENHEALTHDEPT 92034836894	12/04 12:33	002	OK 00'29



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
WATER MANAGEMENT BUREAU

BY-PASS REPORT FORM

City or Town: NEW HAVEN

Type of By-pass

- ☒ Raw Sewage
☐ Disinfected Raw Sewage
☐ Partially Treated Sewage
☐ Disinfected Partially Treated Raw Sewage
☐ Sludge Spill
☐ Other: _____

Location of Bypass

- ☐ Treatment Plant
☐ Pump Station
☒ Manhole _____ Lateral _____ Basement _____
☐ Main _____ Private _____

Exact Location of By-Pass: 315 EASTERN ST NEW HAVEN

Date and Time By-Pass was Discovered: 10/13/13 9:15 PM

Date and Time By-Pass was Stopped: 10/13/13 9:58 PM

By-Pass was Discovered: RESIDENT CALLED IT IN.

Quantity/Volume of By-Pass: LESS THAN 100 GALLONS

How Quantity/Volume was Determined: FIELD ESTIMATE BY CREW

If Equipment Failure, date of last inspection, maintenance or repairs: _____

Receiving Waters (If Applicable) N/A

Steps taken to minimize volume and duration of By-Pass: JET SANITARY SEWER

Action taken to eliminate By-Pass: JET SANITARY SEWER

Steps taken to prevent recurrence of By-Pass: PM JETTING OF SANITARY SEWER

Was area of By-Pass cleaned of debris? ☒ Yes ☐ No

Method Used: CREW WASHED SPILL AREA WITH COMBO TRUCK

Date of Last Blockage: N/A Back up _____ Surchage _____ at this location _____

Cause of By-Pass

- ☐ Weather Conditions _____
☐ Mechanical Equipment Failure _____
☐ Electric Utility Failure _____
☐ Electrical Equipment Failure _____
☐ Approved Shutdown _____
☐ Limited Capacity: _____ dry weather
_____ wet weather

Blockage of sewer line due to:

- ☒ Grease _____ Roots _____ Other: _____

NOT
RECORDING
WHETHER
IT REACHES
WATERS

HAD TO
GO BACK OUT
TO
RESPOND
TO
BOB

CAME BACK
NEXT
DAY
JETS

CHES
SPILLING
SEWER

MARK
ALEX

BY-PASS NOTIFICATION LOG

Date/Time

Permittee shall notify DEP within 2 hours of becoming aware of the bypass and shall submit a written report within 5 days.

Date

Time

CT DEP – Iliana Ayala (860) 424-3758 (Primary DEP Contact)*

* If Iliana Ayala is not available, call Municipal Facilities Section at: (860) 424-3704

10/13/13

10:09 PM

CT DEP (860) 424-3704 [(860) 424-3333 after hours dispatch]

DO NOT LEAVE VOICE MAIL MESSAGES

203

Name of person contacted**

** Remind dispatch to notify Aquaculture if after hours/weekend

N/A

CT Aquaculture Division (203) 874 0696 *** Opt 2 M-F 8-4:30

*** Required only if by-pass is below Interstate Route 95***

*** After hours / weekends call Kristin Frank @ (203) 209-4023 or Alissa Dragan (203) 383-0377

SPEAK TO SOMEONE / DO NOT LEAVE A MESSAGE***

Name of person contacted

N/A

CT Dept. of Health (860) 509-7333(Drinking Water Section) - Monday

thru Friday 8:30 to 5PM if bypass occurred in the following towns: Bristol, Cheshire, Danbury, Goshen, Groton, HAMDEN, Manchester, Mansfield, Middletown, North Haven, Norwalk, Ridgefield, Shelton, Stamford, Vernon and Woodstock

Name of person contacted

N/A

CT Dept. of Public Health (860) 509-7296 (Recreation Section)

notify Mon thru Fri 8:30-5:00 pm if bypass occurred from April 1 through September 30.

Name of person contacted

10/13/13

10:13 PM

Local Health Department or Regional Health District

Paul Kinnisk - Message Name of person contacted

(203) 946-8173 NH+EH

QVHD (203) 248-4528

Hamden only

10/13/13

10:15 PM

Health Director of Contiguous Towns (Costal Plants Only) or

10/14/13

10:17 PM

Health Director of Town Downstream (Inland Plants)

General Mui - Message Name of person contacted

MARKEA LEWIS - Message

1. East Shore Health

(203) 481-4233

2. West Haven Health

Eric Triffin

(203) 937-3660

Date

Time

10/15

15:02

Fax to CT DEP, Iliana Ayala (860) 424-4067

10/15

15:03

Fax to CT Aquaculture (203) 783-9976 (If south of I95)

10/15

15:05

Fax to Local Health Department or Regional Health District

(203) 946-6509 fax

(203) 483-6894 fax

QVHD Wdbg+Hamden (203) 248-6671 fax

Report Submitted by:

Anthony Fiorino

Title:

Cell Manager

Signature:

A Fiorino

Date:

10/15/13

Submit Completed Report to either by fax or by mail: State of CT, Dept of Environmental Protection, Water Bureau - Attention: Iliana Ayala, 79 Elm Street, Hartford, CT 06106-5127

2 Hours Notification Required

Final Report within 5 days



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
WATER MANAGEMENT BUREAU



BY-PASS REPORT FORM

City or Town:

NEW HAVEN

Type of By-pass

- ☒ Raw Sewage
☐ Disinfected Raw Sewage
☐ Partially Treated Sewage
☐ Disinfected Partially Treated Raw Sewage
☐ Sludge Spill
☐ Other: _____

Location of Bypass

- ☐ Treatment Plant
☐ Pump Station
☒ Manhole _____ Lateral _____ Basement _____
☐ Main _____ Private _____

Cause of By-Pass

- ☐ Weather Conditions _____
☐ Mechanical Equipment Failure
☐ Electric Utility Failure
☐ Electrical Equipment Failure
☐ Approved Shutdown
☐ Limited Capacity: _____ dry weather
_____ wet weather

Blockage of sewer line due to:

- ☒ Grease _____ Roots _____ Other: _____

Exact Location of By-Pass:

315 EASTERN ST NEW HAVEN

Date and Time By-Pass was Discovered:

10/13/13

9:15 PM

Date and Time By-Pass was Stopped:

10/13/13

9:58 PM

How By-Pass was Discovered:

RESIDENT CALLED IT IN.

Quantity/Volume of By-Pass:

LESS THAN 100 GALLONS

How Quantity/Volume was Determined:
10/15/2013 15:06 2034665287

CH2MHILL

P.001

*** BROADCAST TX REPORT ***

JOB NO.	MODE	NO.	DESTINATION TEL/ID	START TIME	PAGE	RESULT
4243	TX	ECM 001	CT DEP 918604244067	10/15 15:02	002	OK 00'31
	TX	ECM 002	CT AQUACULTURE 92037839976	10/15 15:03	002	OK 00'28
	TX	ECM 003	NEW HAVEN HEALTH DEP 92039466509	10/15 15:05	002	OK 00'27



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
WATER MANAGEMENT BUREAU



BY-PASS REPORT FORM

City or Town:

NEW HAVEN

Type of By-pass

- ☒ Raw Sewage
☐ Disinfected Raw Sewage
☐ Partially Treated Sewage
☐ Disinfected Partially Treated Raw Sewage
☐ Sludge Spill
☐ Other: _____

Location of Bypass

- ☐ Treatment Plant
☐ Pump Station
☒ Manhole _____ Lateral _____ Basement _____
☐ Main _____ Private _____

Cause of By-Pass

- ☐ Weather Conditions _____
☐ Mechanical Equipment Failure
☐ Electric Utility Failure
☐ Electrical Equipment Failure
☐ Approved Shutdown
☐ Limited Capacity: _____ dry weather
_____ wet weather

Blockage of sewer line due to:

- ☒ Grease _____ Roots _____ Other: _____

Exact Location of By-Pass:

315 EASTERN ST NEW HAVEN

Date and Time By-Pass was Discovered:

10/13/13

9:15 PM

Date and Time By-Pass was Stopped

10/13/13

9:58 PM

How By-Pass was Discovered:

RESIDENT CALLED IT IN.

Quantity/Volume of By-Pass:

LESS THAN 100 GALLONS

How Quantity/Volume was Determined:

FIELD ESTIMATE BY CREW

If Equipment Failure, date of last inspection, maintenance or repairs

Receiving Waters (If Applicable)

N/A

Steps taken to minimize volume and duration of By-Pass:

JET SANITARY SEWER

Action taken to eliminate By-Pass:

JET SANITARY SEWER

Steps taken to prevent recurrence of By-Pass:

PER JETTING OF SANITARY SEWER

Was area of By-Pass cleaned of debris?

☒

Yes

☐ No

Method Used:

CREW WASHED SPILL AREA WITH COMBO TRUCK

Date of Last Blockage

N/A

Back up

Surcharge

at this location

BY-PASS NOTIFICATION LOG

Date/Time

Permittee shall notify DEP within 2 hours of becoming aware of the bypass and shall submit a written report within 5 days.

Date

Time

CT DEP – Iliana Ayala (860) 424-3758 (Primary DEP Contact)*

* If Iliana Ayala is not available, call Municipal Facilities Section at: (860) 424-3704

10/13/13

10:09 PM

CT DEP (860) 424-3704 [(860) 424-3333 after hours dispatch]

DO NOT LEAVE VOICE MAIL MESSAGES

203

Name of person contacted**

** Remind dispatch to notify Aquaculture if after hours/weekend

N/A

CT Aquaculture Division (203) 874 0696 *** Opt 2 M-F 8-4:30

*** Required only if by-pass is below Interstate Route 95***

*** After hours / weekends call Kristin Frank @ (203) 209-4023 or

Alissa Dragan (203) 383-0377

SPEAK TO SOMEONE / DO NOT LEAVE A MESSAGE***

Name of person contacted

N/A

CT Dept. of Health (860) 509-7333(Drinking Water Section) - Monday

thru Friday 8:30 to 5PM if bypass occurred in the following towns: Bristol, Cheshire, Danbury, Goshen, Groton, HAMDEN, Manchester, Mansfield, Middletown, North Haven, Norwalk, Ridgefield, Shelton, Stamford, Vernon and Woodstock

Name of person contacted

N/A

CT Dept. of Public Health (860)509-7296 (Recreation Section) notify Mon thru Fri 8:30-5:00 pm if bypass occurred from April 1 through September 30.

Name of person contacted

N/A
RWA-Hamden
401-2630

10/13/13

10:13 PM

Local Health Department or Regional Health District

Paul Kinnicki - Message Name of person contacted

(203) 946-8173 NH+EH
QVHD (203) 248-4528
Hamden only

10/13/13

10:15 PM

Health Director of Contiguous Towns (Costal Plants Only) or

10/13/13

10:17 PM

Health Director of Town Downstream (Inland Plants)

General Mail Box Message Name of person contacted

MAURICE (KWS) - MESSAGE

1. East Shore Health
(203) 481-4233
2. West Haven Health
Eric Triffin
(203) 937-3660

Date

Time

10/15

15:02

Fax to CT DEP, Iliana Ayala (860) 424-4067

10/15

15:03

Fax to CT Aquaculture (203) 783-9976 (If south of I95)

10/15

15:05

Fax to Local Health Department or Regional Health District

(203) 946-6509 fax

(203) 483-6894 fax

QVHD Wdbg+Hamden (203) 248-6671 fax

Report Submitted by:

Anthony Fiorillo

Title:

Cell Manager

Signature:

A. Fiorillo

Date:

10/15/13

Submit Completed Report to either by fax or by mail: State of CT, Dept of Environmental Protection, Water Bureau - Attention: Iliana Ayala, 79 Elm Street, Hartford, CT 06106-5127

2 Hours Notification Required

Final Report within 5 days

BY-PASS NOTIFICATION LOG

Date/Time

Permittee shall notify DEP within 2 hours of becoming aware of the bypass and shall submit a written report within 5 days.

Date Time

CT DEP – Iliana Ayala (860) 424-3758 (Primary DEP Contact)*

* If Iliana Ayala is not available, call Municipal Facilities Section at: (860) 424-3704

CT DEP (860) 424-3704 [(860) 424-3333 after hours dispatch]

DO NOT LEAVE VOICE MAIL MESSAGES

Name of person contacted**

** Remind dispatch to notify Aquaculture if after hours/weekend

N/A

CT Aquaculture Division (203) 874 0696 *** Opt 2 M-F 8-4:30

*** Required only if by-pass is below Interstate Route 95***

*** After hours / weekends call Kristin Frank @ (203) 209-4023 or

Alissa Dragan (203) 383-0377

SPEAK TO SOMEONE / DO NOT LEAVE A MESSAGE***

Name of person contacted

No
call
to
DEP
w/in
2hrs

5/5/11 3:23 pm

CT Dept. of Health (860) 509-7333(Drinking Water Section) - Monday

thru Friday 8:30 to 5PM if bypass occurred in the following towns: Bristol, Cheshire, Danbury, Goshen, Groton, HAMDEN, Manchester, Mansfield, Middletown, North Haven, Norwalk, Ridgefield, Shelton, Stamford, Vernon and Woodstock

HAZRA RAJBALI Name of person contacted

5/5/11 3:28 pm

CT Dept. of Public Health (860)509-7296 (Recreation Section) notify Mon thru Fri 8:30-5:00 pm if bypass occurred from April 1 through September 30.

JOSEPH MITCHELL Name of person contacted

5/5/11
3:35 pm

GRACE

RWA-Hamden
401-2630

5/5/11 3:30 pm

Local Health Department or Regional Health District

QVHD - Mioden Name of person contacted

(203) 946-8173 NH+EH

QVHD (203) 248-4528

Hamden only

5/5/11 3:32 pm

Health Director of Contiguous Towns (Costal Plants Only) or

1. East Shore Health

5/5/11 3:34 pm

Health Director of Town Downstream (Inland Plants)

(203) 481-4233

①

RITA ALEX

Name of person contacted

2. West Haven Health

②

CARLA

Eric Triffin

(203) 937-3660

Date Time

Fax to CT DEP, Iliana Ayala (860) 424-4067

Fax to CT Aquaculture (203) 783-9976 (If south of I95)

Fax to Local Health Department or Regional Health District

(203) 946-6509 fax

(203) 483-6894 fax

QVHD Wdbg+Hamden (203) 248-6671 fax

Report Submitted by:

Anthony Fiorino

Title:

Coll. Manager

Signature:

Anthony Fiorino

Date:

5-6-11

2 Hours Notification Required

Final Report within 5 days

Submit Completed Report to either by fax or by mail: State of CT, Dept of Environmental Protection, Water Bureau - Attention: Iliana Ayala, 79 Elm Street, Hartford, CT 06106-5127



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
WATER MANAGEMENT BUREAU



BY-PASS REPORT FORM

City or Town:

HAMDEN

Type of By-pass

- ☒ Raw Sewage
☐ Disinfected Raw Sewage
☐ Partially Treated Sewage
☐ Disinfected Partially Treated Raw Sewage
☐ Sludge Spill
☐ Other: _____

Location of Bypass

- ☐ Treatment Plant
☐ Pump Station
☐ Manhole _____ Lateral _____ Basement ☒
☐ Main _____ Private _____

Cause of By-Pass

- ☐ Weather Conditions
☐ Mechanical Equipment Failure
☐ Electric Utility Failure
☐ Electrical Equipment Failure
☐ Approved Shutdown
☐ Limited Capacity: _____ dry weather
_____ wet weather

Blockage of sewer line due to:

- ☐ Grease ☐ Roots ☒ Other: _____

unknown (Homeowner problem)

Exact Location of By-Pass:

90 ELMER AVE

Date and Time By-Pass was Discovered:

5/5/11

2:15 pm

Second Time By-Pass was Stopped

5/5/11

3:00 pm

How By-Pass was Discovered:

HOMEOWNER CALLED IT IN.

Quantity/Volume of By-Pass:

LESS THAN 20 GALLONS

Quantity/Volume was Determined:
05/06/2011 14:55 2034665287

Hamdenville ESTIMATE
CH2MHILL

P.001

*** BROADCAST TX REPORT ***

JOB NO.	MODE	NO.	DESTINATION TEL/ID	START TIME	PAGE	RESULT
0186	TX	ECM 001	CT DEP 918604244067	05/06 14:48	002	OK 00'30
	TX	ECM 002	CT AQUACULTURE 92037839976	05/06 14:49	002	OK 00'27
	TX	G3 003	QUINN HEALTH DEP 92032486771	05/06 14:54	000	NO ANSWER 00'00 00FF



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
WATER MANAGEMENT BUREAU



BY-PASS REPORT FORM

City or Town:

HAMDEN

Type of By-pass

- ☒ Raw Sewage
☐ Disinfected Raw Sewage
☐ Partially Treated Sewage
☐ Disinfected Partially Treated Raw Sewage
☐ Sludge Spill
☐ Other: _____

Location of Bypass

- ☐ Treatment Plant
☐ Pump Station
☐ Manhole _____ Lateral _____ Basement ☒
☐ Main _____ Private _____

Exact Location of By-Pass:

45 FOURTH ST HAMDEN

Date and Time By-Pass was Discovered:

3/27/11

9:10 PM

Date and Time By-Pass was Stopped

3/27/11

9:45 PM

How By-Pass was Discovered:

HOMEOWNER CALLED IT IN

Quantity/Volume of By-Pass:

LESS THAN 100 GALLONS

How Quantity/Volume was Determined:

FIELD ESTIMATE BY CREW
.25' (.0208') x 24 x 24 x 7.48 = 89.6 gal.

If Equipment Failure, date of last inspection, maintenance or repairs

N/A

Receiving Waters (If Applicable)

N/A

Steps taken to minimize volume and duration of By-Pass:

JET SANITARY SEWER

Action taken to eliminate By-Pass:

JET SANITARY SEWER

Steps taken to prevent recurrence of By-Pass:

PM JETTING OF SANITARY SEWER

Area of By-Pass cleaned of debris?

☒ Yes

☐ No

Method Used:

PRO KLEAN

Date of Last Blockage _____ Back up _____ Surge at this location _____

BY-PASS NOTIFICATION LOG

Date/Time

Permittee shall notify DEP within 2 hours of becoming aware of the bypass and shall submit a written report within 5 days.

Date Time

CT DEP – Iliana Ayala (860) 424-3758 (Primary DEP Contact)*

* If Iliana Ayala is not available, call Municipal Facilities Section at: (860) 424-3704

CT DEP (860) 424-3704 [(860) 424-3333 after hours dispatch]

DO NOT LEAVE VOICE MAIL MESSAGES

Name of person contacted**

** Remind dispatch to notify Aquaculture if after hours/weekend

N/A

CT Aquaculture Division (203) 874 0696 *** Opt 2 M-F 8-4:30

*** Required only if by-pass is below Interstate Route 95***

*** After hours / weekends call Kristin Frank @ (203) 209-4023 or Alissa Dragan (203) 383-0377

SPEAK TO SOMEONE / DO NOT LEAVE A MESSAGE***

Name of person contacted

3/28/11 8:45 AM

CT Dept. of Health (860) 509-7333 (Drinking Water Section) - Monday thru Friday 8:30 to 5PM if bypass occurred in the following towns: Bristol, Cheshire, Danbury, Goshen, Groton, **HAMDEN**, Manchester, Mansfield, Middletown, North Haven, Norwalk, Ridgefield, Shelton, Stamford, Vernon and Woodstock

LAVERNE

Name of person contacted

CT Dept. of Public Health (860) 509-7296 (Recreation Section) notify Mon thru Fri 8:30-5:00 pm if bypass occurred from April 1 through September 30.

Name of person contacted

3/27/11 10:10 PM

Local Health Department or Regional Health District

QVHD - MESSAGE

Name of person contacted

3/27/11 10:12 PM

Health Director of Contiguous Towns (Costal Plants Only) or

3/27/11 10:14 PM

Health Director of Town Downstream (Inland Plants)

① GENERAL MAIL BOX MESSAGE

Name of person contacted

② MAUREEN LEWIS - MESSAGE

Date Time

3-28 1:57 PM Fax to CT DEP, Iliana Ayala (860) 424-4067

3-28 1:58 PM Fax to CT Aquaculture (203) 783-9976 (If south of I95)

3-28 1:59 PM Fax to Local Health Department or Regional Health District

(203) 946-6509 fax

(203) 483-6894 fax

QVHD Wdbg+Hamden (203) 248-6671 fax

Report Submitted by:

Anthony Fiorillo

Title:

Collections Mgr

Signature:

A Fiorillo

Date:

3-28-11

No call

to
DEP

W/i

Shro

3/27/11

10:16 PM

Mary

RWA-Hamden

401-2630

(203) 946-8173 NH+EH

QVHD (203) 248-4528

Hamden only

1. East Shore Health

(203) 481-4233

2. West Haven Health

Eric Triffin

(203) 937-3660

2 Hours Notification Required

Final Report within 5 days

Submit Completed Report to either by fax or by mail: State of CT, Dept of Environmental Protection, Water Bureau - Attention: Iliana Ayala, 79 Elm Street, Hartford, CT 06106-5127



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
WATER MANAGEMENT BUREAU



BY-PASS REPORT FORM

City or Town:

EAST HAVEN

Type of By-pass

Cause of By-Pass

- ☒ Raw Sewage
☐ Disinfected Raw Sewage
☐ Partially Treated Sewage
☐ Disinfected Partially Treated Raw Sewage
☐ Sludge Spill
☐ Other: _____

- ☐ Weather Conditions _____
☐ Mechanical Equipment Failure
☐ Electric Utility Failure
☐ Electrical Equipment Failure
☐ Approved Shutdown
☐ Limited Capacity: _____ dry weather
_____ wet weather

Location of Bypass

Blockage of sewer line due to:

☒ Grease _____ Roots _____ Other: _____

☐ Treatment Plant

☐ Pump Station

☒ Manhole _____ Lateral _____ Basement _____

☐ Main _____ Private _____

Exact Location of By-Pass:

22 VISTA DR EAST HAVEN

Date and Time By-Pass was Discovered:

12/2/13

6:20 PM

Date and Time By-Pass was Stopped

12/2/13

6:50 PM

By-Pass was Discovered:

EAST HAVEN POLICE CALLED IT IN

Quantity/Volume of By-Pass:

100 GALLONS

How Quantity/Volume was Determined:

FIELD ESTIMATE BY CREW

If Equipment Failure, date of last inspection, maintenance or repairs

N/A

Receiving Waters (If Applicable)

N/A

Steps taken to minimize volume and duration of By-Pass:

JET SANITARY SEWER

Action taken to eliminate By-Pass:

JET SANITARY SEWER

Steps taken to prevent recurrence of By-Pass:

PM JETTING OF SANITARY SEWER

Was area of By-Pass cleaned of debris?

☒

Yes

☐ No

Method Used:

CREW WASHED DOWN THE ROAD - NO DEBRIS TO COLLECT.

Date of Last Blockage

Back up

Surcharge

at this location

BY-PASS NOTIFICATION LOG

Date/Time

Permittee shall notify DEP within 2 hours of becoming aware of the bypass and shall submit a written report within 5 days.

Date Time

N/A

CT DEP – Iliana Ayala (860) 424-3758 (Primary DEP Contact)*

* If Iliana Ayala is not available, call Municipal Facilities Section at:
(860) 424-3704

12/2/13 6:58 PM

CT DEP (860) 424-3704 [(860) 424-3333 after hours dispatch]

DO NOT LEAVE VOICE MAIL MESSAGES

203

Name of person contacted**

** Remind dispatch to notify Aquaculture if after hours/weekend

12/2/13 7:01 PM

CT Aquaculture Division (203) 874 0696 *** Opt 2 M-F 8-4:30

*** Required only if by-pass is below Interstate Route 95***

*** After hours / weekends call Kristin Frank @ (203) 209-4023 or
Alissa Dragan (203) 383-0377

SPEAK TO SOMEONE / DO NOT LEAVE A MESSAGE***

KRISTIN

Name of person contacted

N/A

CT Dept. of Health (860) 509-7333 (Drinking Water Section) - Monday
thru Friday 8:30 to 5PM if bypass occurred in the following towns: Bristol, Cheshire,
Danbury, Goshen, Groton, HAMDEN, Manchester, Mansfield, Middletown, North Haven,
Norwalk, Ridgefield, Shelton, Stamford, Vernon and Woodstock

Name of person contacted

N/A

CT Dept. of Public Health (860) 509-7296 (Recreation Section)
notify Mon thru Fri 8:30-5:00 pm if bypass occurred from April 1
through September 30.

Name of person contacted

N/A

RWA-Hamden
401-2630

12/2/13 7:03 PM

Local Health Department or Regional Health District

PAUL KOWALSKI - MESSAGE

Name of person contacted

(203) 946-8173 NH+EH
QVHD (203) 248-4528
Hamden only

12/2/13 7:04 PM

Health Director of Contiguous Towns (Costal Plants Only) or

12/2/13 7:07 PM

Health Director of Town Downstream (Inland Plants)

① GENERAL MAIL BOX MESSAGE

Name of person contacted

② MAUREEN LEWIS - MESSAGE

1. East Shore Health
(203) 481-4233
2. West Haven Health
Eric Triffin
(203) 937-3660

Date Time

Fax to CT DEP, Iliana Ayala (860) 424-4067

Fax to CT Aquaculture (203) 783-9976 (If south of I95)

Fax to Local Health Department or Regional Health District

(203) 946-6509 fax

(203) 483-6894 fax

QVHD Wdbg+Hamden (203) 248-6671 fax

Report Submitted by:

Anthony Fiorillo

Title:

Coll. Manager

Signature:

A. Fiorillo

Date:

12/3/13

2 Hours Notification Required

Final Report within 5 days

Submit Completed Report to either by fax or by mail: State of CT, Dept of Environmental Protection, Water
Bureau - Attention: Iliana Ayala, 79 Elm Street, Hartford, CT 06106-5127